



Inspectional Services
Michelle Wu, Mayor

APPLICATION FOR RECREATIONAL CAMP LICENSE
REKERIMENTU PA LISENSA DI AKANPAMENTU PA REKREIU/DIVERTIMENTU

DATE _____
DATA _____

PERMIT # _____
NO. DI LISENSA _____

NAME OF CAMP _____
NOMI DI AKANPAMENTU _____

PHONE # _____
NO. DI TELEFONI _____

CAMP ADDRESS _____
ENDERESSU DI AKANPAMENTU _____

CITY/TOWN _____
SIDADI/VILA _____

ZIP _____
KÓDIGU POSTAL _____

CAMP OWNER _____
DONU DI AKANPAMENTU _____

FOR COMMUNITY CENTER (D/B/A) _____
PA SENTRU KOMUNITÁRIU (D/B/A) _____

MAILING ADDRESS _____
ENDERESSU PA KURREIU _____

CITY/TOWN _____
SIDADI/VILA _____

ZIP _____
KÓDIGU POSTAL _____

WINTER PHONE # _____
NO. TELEFONI DI INVERNU _____

EMAIL _____
EMAIL _____

CAMP DIRECTOR _____
DIRETOR DI AKANPAMENTU _____

*****All Camp Operators** are required to schedule a preliminary review and submit a revised policy and procedure manual prior to operating. Camp staff **must** meet minimum requirements and provide documentation of training / experience in order to operate a camp.

*****Tudu Jerenti di Akanpamentus** meti marka un reunion pa revizon preliminar y manda manual revizadu di regulamentu y prosedimentu artis di abri/kumesa funksionamentu. Funksionáriu di akanpamentu **ten ki** kunpri rekizitue minimu y prezentá dokumentason di prova di treinu / speriênsia pa podi trabadja na un akanpamentu.

TYPE OF CAMP:

TIPU DI AKANPAMENTU:

Residential (Operates 24+ hours)

Day (Operates less than 24 hours)

Sports

Travel/Trip

Residencial (Funsiona 24+ ora)

Dia (Funsiona menos di 24 ora)

Desportu

Viaji/Passeiu

If you have a **medical camp** or any **special needs campers** please note the specific needs:

Si bu tiver un **akanpamentu mediku** o alguns **kanpistas ku nesessidadis spesial** favor skrebi kes nesessidadis spesifiku:

Do you anticipate any overnights? Yes _____ No _____ Where? _____
Bu ta antisipa stadia di noti? Sin _____ Nau _____ Undé? _____

Length of camp season: _____
Durason di épuka di akanpamentu (start)

to _____
(finish)

Hours: _____ A.M. _____ P.M.
Oráriu: _____ A.M. _____ P.M.

(kumessu) ti (fin)

Number of sessions per season: _____ Session dates: _____
Kuantidadi di session pa kada épuka: _____ Datas di Sesson: _____

Camper Capacity Per Session: _____ No. of Staff Persons: _____
Kapasidadi di Kanpistas pa Sesson: (Max # of Campers) Kantu Funsionáriu: (Supervising Campers)
(No.Max. kanpistas) (ta toma konta di kanpistas)

No. of volunteers: _____ Building Capacity: _____
Kantu voluntáriu: _____ Kapasidadi di Kaza: _____

Certificate of Inspection/Bldg. Division: Certificate No. _____ Expires _____
Sertifikadu di Inspeson/Bldg. Division: No. di Sertifikadu. Prazu di Validadi

Date Recreational Camp Fire Dept. Inspection Completed _____ (BFD inspection information on-line)
Data ki bonberus (Boston Fire Dept) fazi Inspeson di Akanpamentu di Rekreiu (infurmason na interneti sobri inspeson di BFD)

What type of fire alarm, detector, or fire fighting equipment is present?
Ki tipu di alarmi, detector di insêndiu, o ekipamentu pa konbati lumi ki ten la?

Has the camp owner or director obtained and reviewed the new CORI /Juvenile report and SORI of every staff person and volunteer and determined a background free from disqualification? Yes ___ No ___
Donu o director di akanpamentu dja resebi y analiza relatórius di registru criminal (CORI /Juvenile) y di krimi sexual (SORI) di tudu funsionáriu y voluntáriu y dterminâ ki ka ten nada na ses passadu ki ta diskualifika-es di trabadju? Sin ___ Nau ___

Staff persons / volunteers cannot operate the camp until sufficient background checks are completed and cleared from disqualification. (*CORI / Juvenile and SORI reporting, work history, references-required for all staff / volunteers)
Funsinárius / voluntáriu ka podi trabadja na akanpamentu artis di kompletadu sufisienti verifikason di ses antesedentis/passadu y es fika livri di ser diskualifikadu. (*relatórius di CORI / Juvenile y SORI, trabadju anterior, referensias-obrigatóriu pa tudu funsionárius / voluntáriu)

The Camp Director and staff meet eligibility criteria, have required training and have reviewed and understand the 105 CMR 430.000 Minimum Standards for Recreational Camps prior to camp operating Yes ___ No ___ If pending provide date _____
Director di akanpamentu y funsionárius ta kunpri kritérius di kualifikason, ten speriênsia/treinu y dja ler y entendi regulamentu di padrons mínimu pa akanpamentus di rekreiu 105 CMR 430.000 Minimum Standards for Recreational Camps artis di trabadja na akanpamentu Sin ___ Nau ___ si pendentí poi data _____

FOOD SERVICE: SERVISU DI KUMIDA:

Is food handled, served or prepared? Yes ___ No ___ Food Service Permit (provide copy) # _____
Kumida é servidu o preparadu, manuziadu? Sin ___ Nau ___ No. di Lisensa pa Servisu di Kumida (prezentâ kópia)

To what extent?
Na ki midida?

Snacks ___ Cooked and served by staff ___ Catered ___ If so, by whom? _____
Merenda Kuzinhadu y servidu pa enpregadus Di fora si di fora, ki furnesedor

Is refrigeration available for perishable foods? Yes ___ No ___
Ten refrigerason pa kumidas ki ta straga faxi? Sin ___ Nau ___

SWIMMING AREA: ARIA DI NATASON:

Do you have or use recreational water facilities (beach, pool, lake, pond, water fountain or water park)? Check all that apply.
Nhos ten o ta uza instalason akuatiku pa rekreiu (praia, pisina, lagu, lagoa, fonti di agu o parki akuatiku)? Marka tudu ki aplikâ.

Fresh water ___ Ocean ___ Pool / Aquatics facilities ___ Other (explain) ___ None ___
Agu dosi Mar Pisina / Instalason Akuatiku Otu (splika) Ninhun

If yes, locations of all beaches, water parks _____

Si sin, lokal di praias, parkis akuatiku

If yes, location of pool / aquatics facility _____

Si sin, lokal di pisina / instalason akuatiku

Who is the **Aquatics Director** responsible for the supervision of the pool or swimming area(s)?

Kenha ki é **Diretor Akuatiku** responável pa supervizion a pisina o aria(s) di natason?

Qualifications of Aquatics Director:

Kualifikason di Diretor Akuatiku:

Water Safety instructor or equivalent Yes _____ No _____
Instrutor di Seguransa na Agu o ekivalentiSin _____ Nau _____

CPR Training Yes _____ No _____
Treinu di CPR (reanimason kardio-pulmonar)..... Sin _____ Nau _____

First Aid Training Yes _____ No _____
Treinu di Primerus Sokorru Sin _____ Nau _____

Name(s) of other on-site lifeguards and credentials:

Nomi(s) di otu salva-vidas ki ta sta la y ses kredensial:

If swimming site(s) is not at the permanent camp, has the site(s) been inspected by regulatory agents and approved by the aquatics director and camp operator? Yes _____ No _____

Si lugar(is) di nadâ ka ta fika na akanpamentu permanenti, kes lugar(is) foi inspesionadu pa ajentis regulador y aprovalu pa direktor akuatiku y jerenti di akanpamentu? Sin _____ Nau _____

Does the camp participate in any watercraft/boating activities? Yes _____ No _____

Akanpamentu ta partisipâ na atividadis di enbarkason/boti? Sin _____ Nau _____

Include the camp itinerary and list specialized activities / travel plans below:

Skrebi na linhas di baxu itineráriu di akanpamentu y lista di atividadis / planus di viaji spesializadu:

WATER SUPPLY: Public _____ Private _____
FORNESEDOR DI AGU: Publiku _____ Privadu _____

If private, date sampled _____ By whom? _____
Si privadu, data di análizi/testi _____ Fetu pa kenha? _____

Results _____
Rezultadu _____

SHELTERS- DAY / RESIDENTIAL CAMPS: Meet(s) current building and housing requirements _____ Yes

KAZAS- AKANPAMENTUS DI DIA / RESIDENSIAL : ta kunpri rekizitus atualizadus di konstruson y kaza _____ Sin

TOILET/SHOWER ROOMS: SANITAS/XUVERUS:	Number of toilets	for males _____	for females _____
	Kantu sanita/retreti	pa matxu _____	pa femia _____
	Hand wash basins	for males _____	for females _____
	Basias di laba mon	pa matxu _____	pa femia _____
	Showers	for males _____	for females _____
	Xuverus	pa matxu _____	pa femia _____

SEWAGE DISPOSAL: Public _____ Private _____ (please specify) _____
SISTEMA DI ZGOTU: Publiku Privadu (favor spesifika)

MEDICAL CARE: Who is responsible **at the camp** for medical care or first aid?
ATENDIMENTU MEDIKU: Kenha ki é responsável **na akanpamentu** pa atendimentu/tratamentu mediku y primerus sokorru?

Name of Health Care Supervisor(s) available at each camp location _____
Nomi di Supervizor(is) di Atendimentu di Saudi prezenti na lokal di kada akanpamentu

Name of Physician (qualifying Health Care Consultant) "on call": _____
Nomi di mediku (Konsultor di Atendimentu di Saudi kualifikadu) "di planton/servisu":

Address _____ **Phone No.** _____
Enderessu _____ **No. di Telefoni** _____

Name and address of hospital used for emergency services: _____
Nomi y enderessu di ospital uzadu pa servisus di imerjênsia:

Does the camp have or contract with any transportation vehicles? Yes _____ No _____
Akanpamentu ten karru pa transporti o ta kontrata di fora? Sin Nau

Have you verified that the driver is properly licensed and meets required qualifications? Yes _____ No _____
Dja bu verifikâ ki motorista ten karta y ta kunpri kualifikason nesessáriu? Sin Nau

Schedule a preliminary review and provide a copy of required, annually updated policies and procedures for that appointment.
Marka un revizon preliminar y manda un kópia di regulamentu y prosedimentu, atualizadu anualmente, obrigatóriu pa kel reunion .

The annual \$50. Recreational Camp fee is (check one) _____ enclosed _____ already paid _____ N/A
\$50 anual. Taxa di Akanpamentu pa Rekreiu (marka un) inkluidiu dja pagadu N/A

Signed: _____ **(not valid without owner / operator signature)**
Sinadu: _____ **(ka é validu sen sinatura di donu / jerenti)**

Incomplete and unsigned applications may not be eligible for issuance of a permit to operate. Date: _____
Rekerimentus Inkonpletu y sen sinatura podi ka kualifikâ pa emisson di un lisensa di funsionamentu. Data: