



Inspectional Services  
Michelle Wu, Mayor

APPLICATION FOR RECREATIONAL CAMP LICENSE  
娛樂營地執照申請表

DATE \_\_\_\_\_  
日期

PERMIT # \_\_\_\_\_  
許可證號碼

NAME OF CAMP \_\_\_\_\_  
營地名稱

PHONE # \_\_\_\_\_  
電話號碼

CAMP ADDRESS \_\_\_\_\_  
營地地址

CITY/TOWN \_\_\_\_\_  
城市/城鎮

ZIP \_\_\_\_\_  
郵遞區號

CAMP OWNER \_\_\_\_\_  
營地所有人

FOR COMMUNITY CENTER (D/B/A) \_\_\_\_\_  
社區中心(註冊經營名稱)

MAILING ADDRESS \_\_\_\_\_  
郵寄地址

CITY/TOWN \_\_\_\_\_  
城市/城鎮

ZIP \_\_\_\_\_  
郵遞區號

WINTER PHONE # \_\_\_\_\_  
冬季電話號碼

EMAIL \_\_\_\_\_  
電子郵件

CAMP DIRECTOR \_\_\_\_\_  
營地主管

\*\*\***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.

\*\*\*所有營地運營者必須安排預審，並在運營前提交修訂政策和程序手冊。營地工作人員必須符合最低要求，並提供培訓/經驗證明文件，以便運營營地。

**TYPE OF CAMP:**

營地類型：

Residential (Operates 24+ hours)

Day (Operates less than 24 hours)

Sports

Travel/Trip

住宿(運營時間24+小時)

日間(運營時間24小時以下)

運動

旅遊/旅行

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

如果您是醫療營或任何特殊需求營地，請說明特殊需求：

Do you anticipate any overnights?  
您是否預期會有任何天數需要過夜？

Yes \_\_\_\_\_ No \_\_\_\_\_  
是 否

Where? \_\_\_\_\_  
在哪裡？

Length of camp season: \_\_\_\_\_  
每期營地延續時間：  
(Start) (開始)

to \_\_\_\_\_  
(Finish) (結束)

Hours: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
時間： 上午 下午

Number of sessions per season: \_\_\_\_\_ Session dates: \_\_\_\_\_  
每個季度期數: \_\_\_\_\_ 每期日期: \_\_\_\_\_

Camper Capacity Per Session: \_\_\_\_\_ No. of Staff Persons: \_\_\_\_\_  
每期營地容量: \_\_\_\_\_ 工作人員人數: \_\_\_\_\_  
(Max # of Campers) (Supervising Campers)  
(最多參加者人數) (監管參加者)

No. of volunteers: \_\_\_\_\_ Building Capacity: \_\_\_\_\_  
義工人數: \_\_\_\_\_ 建築物容量: \_\_\_\_\_

Certificate of Inspection/Bldg. Division: Certificate No. \_\_\_\_\_ Expires \_\_\_\_\_  
檢查證/建築科: \_\_\_\_\_ 證書號碼 \_\_\_\_\_ 失效日期 \_\_\_\_\_

Date Recreational Camp Fire Dept. Inspection Completed \_\_\_\_\_ (BFD inspection information on-line)  
完成娛樂營地消防站檢查日期 \_\_\_\_\_ (波士頓消防站(BFD)在線檢查資訊)

What type of fire alarm, detector, or fire fighting equipment is present?  
有哪種類型的警報器、探測器或消防設備?

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 \_\_\_\_\_  
營地所有人或主管是否獲取和審查了每名工作人員和義工的新刑事犯罪記錄資訊(CORI) / 青少年報告和性罪犯登記資訊(SORI), 並確定他們無被取消資格的背景? 是 \_\_\_\_\_ 否 \_\_\_\_\_

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)  
工作人員/義工必須在完成充分的背景核查且證明無被取消資格背景之後才能運營營地。(\*要求所有工作人員/義工提供刑事犯罪記錄資訊(CORI) / 青少年和性罪犯登記資訊(SORI) 報告、工作經歷、推薦信)

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 \_\_\_\_\_  
營地主管和工作人員符合資格標準、已接受要求的培訓、已接受審查、並在營地運營前理解《麻薩諸塞州法規》第105章第430.000款娛樂營地最低標準。是 \_\_\_\_\_ 否 \_\_\_\_\_ 如果待定, 提供日期 \_\_\_\_\_

#### FOOD SERVICE:

食品服務:

Is food handled, served or prepared? Yes \_\_\_\_\_ No \_\_\_\_\_ Food Service Permit (provide copy) # \_\_\_\_\_  
處理、供應或烹飪食品嗎? 是 \_\_\_\_\_ 否 \_\_\_\_\_ 食品供應許可證(提供副本)號碼 \_\_\_\_\_

To what extent?  
在何種程度上?

Snacks \_\_\_\_\_ Cooked and served by staff \_\_\_\_\_ Catered \_\_\_\_\_ If so, by whom? \_\_\_\_\_  
點心 \_\_\_\_\_ 由工作人員烹飪和供應 \_\_\_\_\_ 由餐飲承辦方供應 \_\_\_\_\_ 如果是, 由誰供應?

Is refrigeration available for perishable foods? Yes \_\_\_\_\_ No \_\_\_\_\_  
是否有易腐食品冷藏設備? 是 \_\_\_\_\_ 否 \_\_\_\_\_

#### SWIMMING AREA:

游泳區:

Do you have or use recreational water facilities (beach, pool, lake, pond, water fountain or water park)? Check  all that apply.  
您是否有或使用娛樂性水上設施(海灘、泳池、湖泊、池塘、噴泉或水上樂園)? 請勾選()所有適用的項目。

Fresh water \_\_\_\_\_ Ocean \_\_\_\_\_ Pool / Aquatics facilities \_\_\_\_\_ Other (explain) \_\_\_\_\_ None \_\_\_\_\_  
淡水 \_\_\_\_\_ 海洋 \_\_\_\_\_ 泳池/水上運動設施 \_\_\_\_\_ 其他(請解釋) \_\_\_\_\_ 無 \_\_\_\_\_

If yes, locations of all beaches, water parks \_\_\_\_\_  
如果回答是, 所有海灘、水上樂園所在地點 \_\_\_\_\_

If yes, location of pool / aquatics facility \_\_\_\_\_  
如果回答是, 泳池/水上運動設施所在地點 \_\_\_\_\_

Who is the **Aquatics Director** responsible for the supervision of the pool or swimming area(s)?  
誰是負責監管泳池或游泳區的水上運動主管？

**Qualifications of Aquatics Director:**

水上運動主管的資格：

Water Safety instructor or equivalent ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
水上安全教練或等同職務..... 是 \_\_\_\_\_ 否 \_\_\_\_\_

CPR Training ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
心肺復甦(CPR)培訓..... 是 \_\_\_\_\_ 否 \_\_\_\_\_

First Aid Training ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
急救培訓..... 是 \_\_\_\_\_ 否 \_\_\_\_\_

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

其他現場救生員姓名和資格證書：

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

如果游泳場地不在固定營地內，該場地是否已接受監管機構的檢查，並獲得水上運動主管和營地運營者的批准？  
是 \_\_\_\_\_ 否 \_\_\_\_\_

**Does the camp participate in any watercraft/boating activities?** Yes \_\_\_\_\_ No \_\_\_\_\_  
營地是否參加任何駕船/划船活動？ 是 \_\_\_\_\_ 否 \_\_\_\_\_

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

請在下方填寫營地日程，並列出專門的活動/旅行計劃：

**WATER SUPPLY:** Public \_\_\_\_\_ Private \_\_\_\_\_  
供水系統： 公共 \_\_\_\_\_ 私人 \_\_\_\_\_

If private, date sampled \_\_\_\_\_ By whom? \_\_\_\_\_  
如果是私人，取樣日期 \_\_\_\_\_ 由誰取樣？ \_\_\_\_\_

Results \_\_\_\_\_  
結果 \_\_\_\_\_

**SHELTERS- DAY / RESIDENTIAL CAMPS:** Meet(s) current building and housing requirements \_\_\_\_\_ Yes  
建築物 — 日間/住宿營地：符合目前的建築物和住宅要求 \_\_\_\_\_ 是

**TOILET/SHOWER ROOMS:** Number of toilets ..... for males \_\_\_\_\_ for females \_\_\_\_\_  
衛生間/淋浴間： 坐便器數目 ..... 男性 \_\_\_\_\_ 女性 \_\_\_\_\_

Hand wash basins ..... for males \_\_\_\_\_ for females \_\_\_\_\_  
洗手池 ..... 男性 \_\_\_\_\_ 女性 \_\_\_\_\_

Showers ..... for males \_\_\_\_\_ for females \_\_\_\_\_  
淋浴間..... 男性 \_\_\_\_\_ 女性 \_\_\_\_\_

**SEWAGE DISPOSAL:** Public \_\_\_\_\_ Private \_\_\_\_\_ (please specify) \_\_\_\_\_  
污水處理： 公共 \_\_\_\_\_ 私人 \_\_\_\_\_ (請具體說明) \_\_\_\_\_

**MEDICAL CARE:** Who is responsible **at the camp** for medical care or first aid?  
醫療護理：誰在營地負責醫療護理或急救？

**Name of Health Care Supervisor(s) available at each camp location** \_\_\_\_\_

每個營地的醫療護理主管姓名

Name of Physician (qualifying Health Care Consultant) "on call": \_\_\_\_\_

「應召」醫生姓名(合格醫療護理顧問):

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
地址 電話號碼

Name and address of **hospital** used for emergency services: \_\_\_\_\_  
用於急診服務的醫院名稱和地址:

Does the camp have or contract with any transportation vehicles? Yes \_\_\_ No \_\_\_  
營地是否有任何交通車輛或與其他方簽署交通車輛合約? 是\_\_\_ 否\_\_\_

Have you verified that the driver is properly licensed and meets required qualifications? Yes \_\_\_ No \_\_\_  
您是否已確認駕駛員持有適當的駕照且符合要求的資格? 是\_\_\_ 否\_\_\_

**Schedule a preliminary review and provide a copy of required, annually updated policies and procedures for that appointment.**  
安排一次預審, 並為該預審提供一份要求的、每年更新的政策和程序。

The annual \$50. Recreational Camp fee is (check one) \_\_\_\_\_ enclosed \_\_\_\_\_ already paid \_\_\_\_\_ N/A  
年費 \$50。娛樂營地費 (勾選一項) 已隨附 已支付 不相關

Signed: \_\_\_\_\_ (not valid without owner / operator signature)  
簽名: (沒有所有人/運營者簽名無效)

**Incomplete and unsigned applications may not be eligible for issuance of a permit to operate.** Date: \_\_\_\_\_  
不完整和未簽名的申請表可能沒有資格申請頒發運營許可證。 日期: