

Sudbury Health Department

275 Old Lancaster Road
Sudbury, MA 01776

Telephone: (978) 440-5477
Health@sudbury.ma.us

# of sessions:	Permit: 2025	
	FEE:	Date paid:

RECREATIONAL CAMP PERMIT APPLICATION
APPLICATION DEADLINE: Wednesday, April 9, 2025 (12 noon)

Camp Name: _____

Location where camp operates: _____

City: _____ State: _____ Zip Code: _____

On site phone(s): _____

24/7 Emergency on-site contact: _____ Cell # _____

Website/Social Media addresses: _____

A check payable to “Town of Sudbury” must accompany this application.

Camp fees are based on the number of operating sessions:

1 camp session - \$250 2-4 camp sessions - \$300 5-6 camp sessions - \$400 7+ sessions - \$500

Please list camp sessions in the order of which they occur. (Attach additional sheet if needed.)

CAMP NAME	Opening Date	Closing Date	Hours of Operation	Day or Overnight	# of campers per session	# of staff per session
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
TOTAL						

CAMP OWNER/ORGANIZATION INFORMATION

Name of Camp Owner/Organization: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

24/7 Emergency Contact Name: _____

24/7 Emergency Contact Number: _____

Email address: _____

CAMP DIRECTOR/OPERATOR INFORMATION (IF DIFFERENT THAN OWNER)

Director/Operator Name: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

Email address: _____

Camp Director Name: _____ must be 21 yrs.+

Residential, Trip, Travel must be 25 yrs.+

24/7 Emergency Contact Number: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

CAMP OPERATING INFORMATION

If the camp previously operated in Massachusetts provide year(s) the camp operated, and the name(s) operated under:

From: _____ to: _____ Name(s): _____

Has the camp's license ever been suspended or revoked: (check):

_____ Suspended _____ Revoked _____ Neither

Swimming Pool: Yes: _____ Pool location: _____

Bathing Beach: Yes: _____ Beach location: _____

Meals Purchased: Yes: _____

Bring own lunch Yes: _____ Snack Provided Yes: _____

Meals Provided: Yes: _____ Bring Own Snack: Yes: _____

Describe camper food source: _____

Describe food storage (ie fridge, etc): _____

Health Care Consultant Information

Name: _____

MA License Number: _____

Phone (to reach during camp operation)" _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(A): _____

Health Care Supervisor Information #1

Name: _____ must be 18 yrs.+

MA License Number: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C):

Health Care Supervisor Information #2

Name: _____ must be 18 yrs.+

MA License Number: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C):

Aquatics Director Information

Name: _____ must be 21 yrs.+

Lifeguard Certificate issued by:

_____ Expiration date: _____

American Red Cross CPR Certificate:

_____ Expiration date: _____

American First Aid Certificate:

_____ Expiration date: _____

Previous aquatics supervisory experience: _____

Horseback Riding Instructor Information

Name: _____

License Number: _____ Expiration date: _____

Stable Location: _____

Licensed in accordance with MGL CH.111 § 155, 158: Yes: _____ No: _____

Certification and Signature

I, _____, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable law and local regulations. I read and understand the current camp regulations and that I will ensure that a copy of these regulations will be on site at all times.

Print Name : _____

Signature of Applicant: _____

Official Title: _____ Date: _____

Contact number: _____ Cell # _____

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff Information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan - approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps -contingency plans [105 CMR 430.211]
- For Field Trips -A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 - the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]