

## RECREATIONAL CAMP APPLICATION

APPLICATION IS HEREBY MADE FOR PERMISSION TO OPERATE A RECREATIONAL CAMP DURING THE 20\_\_ SEASON.

1. Name of Camp: \_\_\_\_\_
2. Owned/operated by: \_\_\_\_\_
3. Name of Camp Director: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Exact location: \_\_\_\_\_
5. Name and address of person to contact prior to camp opening for assistance in order to carry out annual inspection of facilities: \_\_\_\_\_  
\_\_\_\_\_
6. Is camp location a permanent site? \_\_\_\_\_ Temporary? \_\_\_\_\_
7. Type of camp (i.e. seasonal, year-round): \_\_\_\_\_  
If seasonal, dates of operation: \_\_\_\_\_
8. Camp facilities will accommodate: \_\_\_\_\_ Males \_\_\_\_\_ Females
9. Expected total number of campers for the entire season: \_\_\_\_\_
10. Is a medical examination required prior to attending camp:  
For Campers? \_\_\_\_\_ For Staff? \_\_\_\_\_
11. Is there a Doctor in residence? \_\_\_\_\_ On-Call? \_\_\_\_\_
12. Is there a Nurse in residence? \_\_\_\_\_
13. Name and qualifications of waterfront supervisor: \_\_\_\_\_
14. Provide details as to how the camp intends to provide *Adequate medical care*.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Provide details as to how the camp intends to provide water front supervision (if applicable).  
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\_\_\_\_\_  
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\_\_\_\_\_

16. Provide specifications of the potable water supply and food handling facilities for the camp.

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I HEREBY CERTIFY THE FOREGOING TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND INFORMATION.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

**NOTE: COMPLETED APPLICATIONS MUST BE MAILED OR RETURNED TO THE PUBLIC HEALTH INSPECTOR FOR THE AREA IN WHICH THE CAMP IS LOCATED.**