



UMass Boston Office of Environmental Health and Safety

2025

RECREATIONAL PROGRAM REGISTRATION

Program Name and Location		
Program Name		
Location	On-campus	Off-campus
Phone		
Email		
Program Contact	Primary	Alternate
Name		
24-Hour phone		
Email		

Program Operating Information		
Check one		
<input type="checkbox"/>	Seasonal	Opening Date
<input type="checkbox"/>	Year-round	Closing Date
		Hours of operation
Program Capacity (per Session)		
Participants		
Staff		

IF APPLICABLE	
Swimming Pool Use	Pool Permit Number
Location	

Health Care Information		
University Health Services		
HC Consultant		
Name		MA License Number
Type of Medical License, Registration or Training 105 CMR 430.159 (C) (check one)		Attach documentation of current First-Aid/CPR Training
<input type="checkbox"/>	Physician	
<input type="checkbox"/>	Physician Assistant	
<input type="checkbox"/>	Other	

Certification and Signature		
I verify that the information provided is true, complete and not misleading to the knowledge and belief of the signer. I understand that any program approval based on false, incomplete or misleading information shall be subject to suspension or revocation.		
Signature of Applicant		Title
Name (please print)		Date

PLEASE RETURN COMPLETED FORM TO umbeks@umb.edu

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.

- Staff information forms (e.g. C 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 OEHS [105 CMR 430.210(A)]
- 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]
 - Health care supervisor who will participate [105 CMR 430.159(C)]

Please note:

When seeking a permission for a recreational program an applicant shall file an application with UMass OEHS at least 90 days prior to the desired opening date, using a form provided by UMass OEHS documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631] Building plans are already on file with the University of Massachusetts and are not necessary to be submitted.