

APPENDIX A

New Jersey Department of Health and Senior Services
 Consumer and Environmental Health Services
 Public Health Sanitation and Safety Program
 PO Box 369, Trenton, NJ 08625-0369

APPLICATION FOR CERTIFICATE OF APPROVAL TO OPERATE A YOUTH CAMP
 (AUTHORITY: N.J.S.A. 26:12-6)

CAMP STATUS		FOR STATE USE ONLY																					
Status <i>(Please check only one)</i> : <input type="checkbox"/> Active / will operate this season <input type="checkbox"/> Inactive / will not operate this season <input type="checkbox"/> Out of Business / no longer in operation Application Type: _____		Amount Received: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order No.: _____ Date: ____/____/____ Permanent Camp ID Number: _____																					
CAMP IDENTIFICATION																							
Name and Mailing Address of Owner or Corporation		Camp Location																					
		County of Camp Location																					
Telephone Number at Mailing Address		Telephone Number at Camp Location																					
Camp Name		Camp Director																					
If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:																							
<input type="checkbox"/> Owner/Corporation Name _____		<input type="checkbox"/> Camp Location _____																					
<input type="checkbox"/> Mailing Address _____		<input type="checkbox"/> County of Camp Location _____																					
<input type="checkbox"/> Tel. # at Mailing Address (____) _____		<input type="checkbox"/> Tel. # at Camp Location (____) _____																					
<input type="checkbox"/> Camp Name _____		<input type="checkbox"/> Camp Director _____																					
CAMP INFORMATION																							
Weekly Summer Camp Attendance	Total Summer Camp Attendance	Age Group Served																					
Dates of Camp Session(s): Open: _____ Close: _____ _____ _____ _____ _____		Activities: <input type="checkbox"/> Archery <input type="checkbox"/> Field Trips <input type="checkbox"/> Rope Course <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Travel Camp <input type="checkbox"/> Boating <input type="checkbox"/> Overnights <input type="checkbox"/> Field Sports <input type="checkbox"/> Riflery <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Other: _____ <input type="checkbox"/> Swimming:																					
Campers <input type="checkbox"/> Girls Only <input type="checkbox"/> Coed <input type="checkbox"/> Boys Only <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____		<table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Onsite</td> <td style="text-align: center;">Offsite</td> <td style="text-align: center;">Location</td> </tr> <tr> <td>Pool</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Lake</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Ocean</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>River</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table>			Onsite	Offsite	Location	Pool	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lake	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ocean	<input type="checkbox"/>	<input type="checkbox"/>	_____	River	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Onsite	Offsite	Location																				
Pool	<input type="checkbox"/>	<input type="checkbox"/>	_____																				
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Ocean	<input type="checkbox"/>	<input type="checkbox"/>	_____																				
River	<input type="checkbox"/>	<input type="checkbox"/>	_____																				
Water Supply	Waste Disposal	Does your camp participate in the NJ Department of Agriculture Summer Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<input type="checkbox"/> Municipal <input type="checkbox"/> Well	<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System																						
CERTIFICATION BY APPLICANT																							
<i>I have received and read the NJ Youth Camp Safety Act Standards and I certify this camp meets these standards. I realize I will be liable for a fine not to exceed \$1,000 for any violation of the NJ Youth Camp Safety Act Standards or of any rule or regulation duly issued thereunto or order issued pursuant thereto. I certify the statements made in this application are true, complete and correct to the best of my knowledge and belief.</i>																							
Name of Applicant (Print)		Title of Applicant																					
Signature of Applicant		Date																					
FEE SCHEDULE																							
Camp Type <i>(Please check only one)</i> : <input type="checkbox"/> Day <input type="checkbox"/> Resident <input type="checkbox"/> Day and Resident (Same Location)		Annual Fee \$50.00 \$100.00 \$100.00	Return completed application to the above address. Make Check/Money Order payable to: "TREASURER, STATE OF NEW JERSEY"																				

CB-11
 DEC 08

APPENDIX B

New Jersey Department of Health and Senior Services
 Consumer and Environmental Health Services
 Public Health Sanitation and Safety Program
 PO Box 369, Trenton, NJ 08625-0369

SSYC

APPLICATION FOR CERTIFICATE OF APPROVAL TO OPERATE A YOUTH CAMP
 (AUTHORITY: N.J.S.A. 26:12-6)

CAMP STATUS		FOR STATE USE ONLY	
Status (Please check only one): <input type="checkbox"/> Active / will operate this season <input type="checkbox"/> Inactive / will not operate this season <input type="checkbox"/> Out of Business / no longer in operation Application Type: _____		Amount Received: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order No.: _____ Date: ____/____/____ Permanent Camp ID Number: _____	
CAMP IDENTIFICATION			
Name and Mailing Address of Owner or Corporation		Camp Location	
		Single Sport Youth Camps (see attached list)	
		County of Camp Location (see attached list)	
Telephone Number at Mailing Address		Telephone Number at Camp Location (see attached list)	
Camp Name (see attached list)		Camp Director	
If any of the above information has changed, check the appropriate box(es) and make the correction(s) below:			
<input type="checkbox"/> Owner/Corporation Name _____		Comments: _____	
<input type="checkbox"/> Mailing Address _____		_____	
<input type="checkbox"/> Tel. # at Mailing Address (____) _____		_____	
CAMP INFORMATION			
Weekly Summer Camp Attendance	Total Summer Camp Attendance	Age Group Served	
Dates of Camp Session(s): (see attached list)		Activities:	
Campers <input type="checkbox"/> Girls Only <input type="checkbox"/> Coed <input type="checkbox"/> Boys Only <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____		<input type="checkbox"/> Archery <input type="checkbox"/> Field Trips <input type="checkbox"/> Rope Course <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Travel Camp <input type="checkbox"/> Boating <input type="checkbox"/> Overnights <input type="checkbox"/> Field Sports <input type="checkbox"/> Riflery <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Other: _____ <input type="checkbox"/> Swimming:	
Water Supply	Waste Disposal	Onsite	Offsite Location
<input type="checkbox"/> Municipal <input type="checkbox"/> Well	<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic System	Pool <input type="checkbox"/>	<input type="checkbox"/> _____
Does your camp participate in the NJ Department of Agriculture Summer Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lake <input type="checkbox"/>	<input type="checkbox"/> _____
		Ocean <input type="checkbox"/>	<input type="checkbox"/> _____
		River <input type="checkbox"/>	<input type="checkbox"/> _____
CERTIFICATION BY APPLICANT			
I have received and read the NJ Youth Camp Safety Act Standards and I certify this camp meets these standards. I realize I will be liable for a fine not to exceed \$1,000 for any violation of the NJ Youth Camp Safety Act Standards or of any rule or regulation duly issued thereunto or order issued pursuant thereto. I certify the statements made in this application are true, complete and correct to the best of my knowledge and belief.			
Name of Applicant (Print)		Title of Applicant	
Signature of Applicant		Date	
FEE SCHEDULE			
Camp Type (Please check only one):	Annual Fee	Return completed application to the above address. Make Check/Money Order payable to:	
<input type="checkbox"/> Day	\$50.00	"TREASURER, STATE OF NEW JERSEY"	
<input type="checkbox"/> Resident	\$100.00		
<input type="checkbox"/> Day and Resident (Same Location)	\$100.00		

APPENDIX C

ANNUAL ACCIDENT REPORT
YOUTH CAMP SAFETY ACT

INSTRUCTIONS AND CODES

INSTRUCTIONS:

In accordance with N.J.A.C. 8:25-5.1(f), report all accidents resulting in death or serious injury. DO NOT INCLUDE minor injuries which require only first aid treatment and which do not involve professional medical treatment, loss of consciousness, restriction of activity or motion, or premature termination of the camper's stay at the camp. Complete and forward the CB-15 form within five days of the closure of the camp, or no later than October 1, whichever date is sooner.

Use the following codes to complete the requested information.

If no reportable incidents occurred, submit a negative report by writing "NO REPORTABLE INCIDENTS" across the front of the CB-15 form, and complete the signature area at the bottom. Mail the form to the address listed; retain a copy for your records.

REPORTING CRITERIA CODES:

- 1 - Involved Professional Medical Treatment
- 2 - Involved Loss of Consciousness
- 3 - Involved Restriction of Activity or Motion
- 4 - Involved Premature Termination of Camper's Stay

LOCATION CODES:

- 1 - General Camp Grounds
- 2 - Off Site
- 3 - Playground
- 4 - Pool/Lake/Other Body of Water
- 5 - Sporting Field/Gymnasium
- 6 - Transport To/From Camp

ACTIVITY INVOLVED CODES:

- 01 - Archery
- 02 - Baseball
- 03 - Basketball
- 04 - Bicycling
- 05 - Board Games
- 06 - Boating
- 07 - Bowling
- 08 - Campfire Making or Tending
- 09 - Commutation
- 10 - Dancing/Theater
- 11 - Dodgeball
- 12 - Football
- 13 - Go-Kart
- 14 - Gymnastics/Cheerleading
- 15 - Hiking/Walking/Running
- 16 - Hockey (Ice or Field)
- 17 - Horseback Riding
- 18 - Indoor Games
- 19 - Kickball
- 20 - Miniature Golf
- 21 - Playground Equipment
- 22 - Rope Course
- 23 - Skating (Roller or Ice)
- 24 - Soccer
- 25 - Swimming
- 26 - Tennis
- 27 - Volleyball
- 28 - Woodworking (Whittling, Woodburning)
- 29 - Wrestling/Martial Arts
- 30 - Does Not Involve Activity/Not Specified

TYPE OF INJURY CODES:

- 01 - Allergic Reaction (to Bite, Sting or Medication)
- 02 - Back Injury
- 03 - Bite (Animal)
- 04 - Bite (Human)
- 05 - Bites (Insect)/Sting/Skin Rash/Poison
Ivy/Ringworm
- 06 - Breathing
Difficulty/Respiratory/Asthma/Hyperventilation
- 07 - Bruise/Contusion/Abrasion
- 08 - Burn
- 09 - Dental/Mouth Injury
- 10 - Ear Injury
- 11 - Excess of Heat or Sun (Heat Stroke, Exhaustion,
Rash, Cramps and Sunburn)
- 12 - Eye Injury/Disease (including Conjunctivitis)
- 13 - Fainting/Seizure
- 14 - Food Poisoning
- 15 - Fracture
- 16 - General Illness (Fever, Nausea, Vomiting,
Stomach Pain, Menstrual Cramps, etc.)
- 17 - Head/Neck Injury (including Concussion, Loss of
Consciousness)
- 18 - Laceration/Puncture/Splinter
- 19 - Nosebleed/Nose Injury
- 20 - Sprain/Strain/Dislocation (Muscle, Ligament or
Joint)

CB-15 (Instructions and Codes)
JUL 08

APPENDIX D

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Public Health, Sanitation and Safety Program**

**RECOGNIZED CERTIFICATIONS
(CPR - FIRST AID - LIFEGUARDING - TRAINED POOL OPERATOR)**

CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

American Red Cross

American Heart Association

National Safety Council

Emergency Care and Safety Institute

American Safety and Health Institute

NOTE: The professional-level CPR is required for all health directors at both day and residential youth camps and by at least one individual at all public recreational bathing places.

FIRST AID CERTIFICATION

American Red Cross

National Safety Council

American Safety and Health Institute

American Heart Association

Emergency Care and Safety Institute

**LIFEGUARDING CERTIFICATION
(for Swimming Pools and Lake Bathing)**

American Red Cross

Starfish Aquatics Institute

Boy Scouts of America (BSA)

National Pool and Waterpark Lifeguard Training (Jeff Ellis and Associates)

Young Men's Christian Association (YMCA)

National Aquatics Safety Company (NASCO)

International Life Saving Federation (ILSA)

**RECOGNIZED CERTIFICATIONS
(CPR - FIRST AID - LIFEGUARDING - TRAINED POOL OPERATOR)
(Continued)**

(OCEAN AND TIDAL WATERS)

United States Lifesaving Association (USLA)

South Jersey Lifeguard Chiefs Assoc. (SJLCA)

North Shore Lifesaving Association (NSLA)

TRAINED POOL OPERATORS CERTIFICATION

American Swimming Pool and Spa Association (ASPSA)

Association of Pool and Spa Professionals (APSP)

Aquatics Training Institute (ATI)

National Pool and Spa Institute (NSPI)

National Recreation and Park Association (NRPA)

National Swimming Pool Foundation (NSPF)

North Shore Lifesaving Association (NSLA)

Starfish Aquatics Institute

Young Men's Christian Association (YMCA)

CB-
MAY 08

APPENDIX E

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Public Health Sanitation and Safety Program**

HEALTH CENTER SUPPLIES

Description of Required Items	Quantities Required		
	<40 Campers	40-90 Campers	>90 Campers
Adhesive Compress Strips (band aid type)	25	50	100
Sterile Gauze Dressings (sponge 2"x2")	10	15	25
Sterile Gauze Dressings (sponge 2"x3")	10	15	25
Sterile Gauze Dressings (sponge 4"x4")	10	15	25
Sterile Gauze Roller Bandage (1" wide)	4	8	15
Sterile Gauze Roller Bandage (3" wide)	4	8	15
Sterile Eye Dressing Pads (box)	1	1	1
Triangle Bandages	2	4	6
Waterproof Tape (1"x 5 yards)	1	1	1
Bandage Scissors	1	1	1
Tweezers	1	1	1
Blanket	1	1	1
Instant Cold Pack	5	5	5
Disposable Protective Face Shield	1	1	1
Disposable Protective Gown	2	4	6
Disposable Gloves (box)	1	1	1
Pocket Resuscitation Mask	2	4	6
Liquid Hand Soap or Hand Sanitizer	1	1	1
First Aid Treatment Policies and Procedures	1	1	1

CB-
AUG 08