

NJ Youth Camp Application Instruction Checklist

Please be sure to complete this application in its entirety, filling out all sections including Camp Status, Camp Identification, Camp Information, Certification by Applicant, and Fee Schedule. All sections are required to be completed as well as a payment made in order for the department to successfully process the application.

STOP!!! Is your program a Youth Camp?

- Camp must include at least one **HIGH-RISK ACTIVITY****
- Accommodates five (5) or more children under 18 years of age.
- Operates for a period of, or portions of, two (2) days or more within the same week

Type of Youth Camps:

- **Day camp:** operates during the day, no more than one overnight stay per week
- **Resident camp:** the campers stay overnight on a regular basis

**** HIGH RISK ACTIVITY:** any recreational component, sport or activity that exposes a camper to a serious injury because of the inherent danger of the recreational component, sport or activity; requires a high level of adult supervision at all times.

Completing the Application

SECTION: CAMP OPERATOR IDENTIFICATION

- Name and Mailing Address of Owner or Corporation** – Year-round mailing, telephone and email address for all correspondence to the camp operators.
- Camp Name** – The exact name of the camp.
- Camp Location** – The exact physical address where the camp will take place.
 - SINGLE SPORT YOUTH CAMPS must submit the exact address for EACH camp location.
- County of Camp Location** – The county where the above address is located.
- Telephone Number at Camp Location** – Seasonal phone number for direct contact with the camp operation.
- Camp Director** – Full name of the camp director.

SECTION: CAMP SITE INFORMATION

- Weekly Summer Camp Attendance** – The anticipated number of campers expected to attend per week.
- Total Summer Camp Attendance** – The anticipated number of campers expected to attend for the season.
- Age Group Served** – The numerical minimum and maximum ages of campers. **Do not** submit grade levels.
- Dates of Camp Session(s)** – The anticipated exact dates when the camp will open and close for the season.
- Activities** – Check all high-risk activities. **Day programs lacking a high-risk component do not qualify as a camp.**
- Campers, Water Supply, and Waste Disposal** – Check applicable boxes.
- Department of Agriculture Summer Lunch Program** – Check yes or no.

SECTION: CERTIFICATION BY APPLICANT OF N.J.A.C. 8:25 Youth Camp Safety Standards

- The application must be signed and dated.

SECTION: FEE SCHEDULE

- Payment can be made by check, money order, or online payment.
- To pay online, go to nj.gov/health/ceohs
- Hover over **Public Health Sanitation and Safety** → Click **Application Payments**
- If you make a payment online, you may email a scanned copy of your completed initial/renewal form and payment confirmation number to youthcamps@doh.nj.gov for processing.
- If you prefer to pay by check or money order, please submit it with the application to the following address:
NJ Department of Health, Public Health & Food Protection, PO Box 369, Trenton, NJ 08625