



## 2025 Lake Yale Special Needs Retreat May 9-10, 2025

Lake Yale Baptist Assembly  
39034 County Road 452  
Leesburg, FL 34788

This retreat is designed for physically and developmentally challenged adults.  
Bring a group!!

Make plans to join us as we discover the  
Bigness of God in the Smallest of Things!!

**Who:** Adult Special Needs Students  
**What:** VBS Retreat  
**Where:** Lake Yale Baptist Assembly, Leesburg FL  
**When:** May 9-10, 2025  
**Cost:** \$90 per person EARLY BIRD PRICING by 3/2/25  
\$100 per person between 3/3 and deadline 3/30  
Registration includes Motel room, meals, fellowship,  
Bible Study, crafts, games, fun and **CAMP T-shirt!**

**PLEASE, PLEASE!!** Give us a shout and let us know that you are  
interested **ASAP!!** It will help us greatly in our planning, as we are a  
volunteer staff, and we want to plan for enough teachers and supplies.

For more information, contact:

Tammy Sills (Idlewild) - 352-397-7501 - [tsills@idlewild.org](mailto:tsills@idlewild.org)  
Rob Chapman (Delaney) - 321-314-2109 - [fourr@yahoo.com](mailto:fourr@yahoo.com)  
Robyn Finley (Central) - 321-377-2762 - [robyn.finley1@gmail.com](mailto:robyn.finley1@gmail.com)

Sponsored by: Delaney Street Baptist Church/Orlando  
Central Baptist Church/Sanford, and Idlewild Baptist Church/Lutz



**OFFICIAL REGISTRATION FORM**

Special Ed Lake Yale Retreat

**Name of Event:** Special Education Retreat  
**Date:** May 9-10/2025  
**Location:** Lake Yale Baptist Conference Center  
**Cost:** EARLY BIRD \$90 per person by 3/2/25  
\$100 submissions between 3/3/25 and deadline 3/30/2025  
Includes lodging, meals (Friday dinner,  
Saturday breakfast, Saturday lunch), retreat activities,  
and t-shirt

**Final Deadline for Reservations and Payments: March 30/2025**

**Method of Registration:**

Make checks payable to Delaney Street Baptist Church  
Mail check and registration to:  
Attn: Rob Chapman  
1919 Delaney Street  
Orlando FL 32806

**Please Remember:**

- ▶ Telephone reservations CANNOT be accepted.
- ▶ Incomplete information about registrants or failure to make full payment will result in a delay in processing.
- ▶ **NO checks made out to Lake Yale-- they require one check from our entire group**

**Person Making Reservations: (PLEASE PRINT)**

Participant Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Contact Home/Cell Phone: \_\_\_\_\_

Total # Registrations: \_\_\_\_\_ Total Remittance Enclosed (\$ \_\_\_\_\_ x # attending = \$ \_\_\_\_\_)

**Due to limited downstairs accommodations,  
please note if a downstairs room is a REQUIREMENT.**

Please note that Friday lunch will **not** be provided by Lake Yale. If your group wants/needs to arrive early, please bring a picnic lunch. There is an available area indoors to eat.

**If you have a student who requires one on one care, please be sure to enroll a caregiver for the retreat and have them remain in the classroom with that student at all times.**

**\*\*REQUIRED FOR ALL ATTENDEES--STAFF/STUDENTS/CHAPERONES/ETC.\*\***

**Special Education Retreat at Lake Yale Baptist Conference Center May 9-10, 2025**

## MEDICAL HISTORY, ACTIVITY & RELEASE FORM

**PLEASE COMPLETE & RETURN TO: Delaney Baptist Church, ATTN: Rob Chapman, 1919 Delaney Ave  
Orlando FL 32806**

**\*\*\* DEADLINE Early Bird 3/2/25 -- otherwise 3/30/25 \*\*\***

participant w/special needs  one-on-one caregiver  parent/family member staying onsite  volunteer

Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Male  Female Church \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Is activity unrestricted?  Yes  No If no, list restricted activities \_\_\_\_\_

Medical Information: Medicine Allergies: \_\_\_\_\_  
Food Allergies \_\_\_\_\_

Treatment \_\_\_\_\_

Seizures  Yes  No  Vision Impairment  Hearing Impairment  Hyperactive  Wanderer

What over the counter medications may be administered?  
\_\_\_\_\_

Further comments about this attendee  
\_\_\_\_\_  
\_\_\_\_\_

**List all medications that will be given while at camp by nurse. Please include med list plus times given. Even better is to send a zip lock bag with Student name and medicines, dosages, and times.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*Emergency Contact who will be available but **not** onsite during retreat

Name: \_\_\_\_\_  
Phone number \_\_\_\_\_ Relationship to Attendee \_\_\_\_\_

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to reach the emergency contact person of attendee. In the event, he/she cannot be reached, I hereby give permission to the camp director or camp nurse to contact a local physician, ambulance or hospital to secure proper treatment, and to order injection, anesthesia or surgery for my dependent/self as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  Attendee  Parent  Guardian

**Person responsible for attendee at Lake Yale**

Self  Other Name \_\_\_\_\_

May we have permission to photograph you?  Yes  No

**ADULT T SHIRT SIZE** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XLarge \_\_\_\_\_ XXLarge \_\_\_\_\_ XXXLarge \_\_\_\_\_

**CONTACT: Rob Chapman 321-314-2109**

**PLEASE MAIL THIS FORM WITH YOUR REGISTRATION**