



2022 Lake Yale Special Ed Retreat May 20-21, 2022


Lake Yale Baptist Assembly
39034 County Road 452
Leesburg, FL

This retreat is designed for physically/
developmentally challenged adults.
Bring your group!!

Sponsored by Delaney
Street Baptist Church,
Orlando, Central Baptist
Church, Sanford, & Idlewild
Baptist Church, Lutz

Make plans to
join us NOW
as we get
ready to
learn that we
are designed
for God's
purpose

Who: Adult Special Needs Students
What: VBS Retreat
Where: Lake Yale Baptist Assembly,
Leesburg, FL
When: May 20-21, 2022
Cost: ~~75~~ \$~~50~~ per person,
Motel, meals, fellowship, Bible
study, crafts, games, fun!
T-shirt included in price!



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/supplies.
Registration deadline is April 22, 2022

For more information, contact:
Rob Chapman, Delaney 407-857-0711 fourr@yahoo.com
Robyn Finley, Central 321-377-2762 rfinley@sunnilandcorp.com
Deana Troyer, Idlewild 813-264-8713 dtroyer@idlewild.org

OFFICIAL REGISTRATION FORM
Special Ed Lake Yale Retreat

Name of Event: Special Education Retreat
Date: May 20-21, 2022
Location: Lake Yale Baptist Conference Center
Cost: \$75.00 Includes T-Shirt

Deadline for Reservations and Payments: April 22, 2022

Method of Registration:

MAIL registration form with check made out to **Delaney Street Baptist Church**, for full amount to:

Delaney Street Baptist Church
ATTN: Rob Chapman
1919 Delaney Ave 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.

Person Making Reservations: (PLEASE PRINT)

Name: _____ Email: _____
Church Name: _____ Association: _____
Church Address: _____ City: _____ Zip: _____
Church Phone: _____ Home/Cell Phone: _____
Total # Registrations: _____ Total Remittance Enclosed \$ _____ (\$85 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.

Special Education Retreat at Lake Yale Baptist Conference Center May 20-21, 2022

MEDICAL HISTORY, ACTIVITY & RELEASE FORM

(To be completed by parent/guardian/attendee)

PLEASE COMPLETE & RETURN TO: Delaney Baptist Church

ATTN: Rob Chapman, 1919 Delaney Ave,

Orlando FL 32806

***** DEADLINE 4/22/2022 *****

ATTENDEE INFORMATION

Name _____
Last First MI Birth Date Age

Male Female Church _____ Phone _____ Email _____

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 taken while at camp AND ATTACH COPIES OF PHYSICIAN'S ORDERS FOR MEDICATIONS TO BE GIVEN BY STAFF NURSE:

****Emergency Contact: Name: _____ Home phone _____ Cell _____
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 or other) _____

May we have permission to photograph you? Yes No

ADULT T SHIRT SIZE Small _____ Medium _____ Large _____ XLarge _____ XXLarge _____ XXXLarge _____

CONTACT: Robyn Finley 321-377-2762

PLEASE MAIL THIS FORM WITH YOUR REGISTRATION

COVID: We will be practicing COVID social distancing guidelines, smaller classrooms, strongly advise wearing masks, frequent hand sanitization, taking temps, etc. If you haven't had the vaccine, we recommend Covid testing. Extra masks will be available, if needed.