

Neuqua Valley Speech 16-17

Dear Parent/Guardian and Team Member,

Welcome (or Welcome back!) to Neuqua Valley Speech Team. Speech is one of the most beneficial co-curricular activities a student can participate in during high school and we're thrilled to have you as part of our family. This is an opportunity to compete, grow, learn, and celebrate. We've had tremendous success over the past few years, with multiple State Champions, multiple State Finalists, and multiple top ten Team finishes. That may explain why 114 students auditioned for our team this past week.

Our success has been due to the talent, dedication, hard work, and determination of the team members, coaches, and parents. In order to continue on that path, each team member must commit him/herself to long hours of practice at home, at school, and at competitions.

A typical week consists of a team meeting after school on Monday, 2-3 practices with a Varsity team member or coach, a Category Rehearsal with others in the same event, and a Saturday tournament that runs from the early morning well into the evening. **Team members are required to attend all meetings and tournaments even if they are not competing.** This includes the novice-only tournament at the beginning of the year and the entire postseason in February.

While our tournament schedule is still being put together, a tentative schedule is attached, and all the information will eventually be available at www.nvspeech.com.

The activity fee for the district applies to Speech Team as well and those dues are \$200 per child (checks should be made out to NVHS). This helps us pay for entry fees, judges, buses, and team supplies & materials. If there are any concerns about this, please let me know.

We ask that all parents who are new to the team (or weren't able to attend in the past) come to our **Speech Parents' Night on Tuesday, November 1st from 6:00-7:00 p.m.** There will also be an Open House on the night of Monday, November 21st where you can watch your child perform. (More information on that will be forthcoming.)

If you ever have any questions or concerns, please feel free to call me at 312-685-7027 or email me at Mpromptu@gmail.com. **If your child is sick on the day of a tournament, please call me on my cell late Friday evening or Saturday morning *before* 6:00 a.m.** (It's okay. I don't sleep.)

I'm looking forward to a fantastic season.

Thank you for all that you do!

Hemant Mehta, Head Coach
Michelle La Scola, Assistant Coach
Atlas Brewster, Assistant Coach
John Pontarelli, Assistant Coach

**PLEASE BRING THIS TO THE
FIRST TEAM MEETING ON
WEDNESDAY, Sep. 21st**

*I have read the Introductory letter,
reviewed the tentative schedule, and
understand the commitment my child(ren)
and I are undertaking.*

(Please Print Team Member's name **and ID number**)

(Parent/Guardian signature)

(Date)

- Activity Fee is attached (Please put **Phone # & ID #** on check)
- Health Form is attached

Tentative Schedule of Tournaments

What follows is a **TENTATIVE schedule for this year** just so you have an idea of what our season looks like. This year's official schedule is still being put together, but you can expect it to be similar to this. Exact departure and return times will be announced on the website as soon as they are determined. Items in **RED** are non-Saturday events.

Sat October 29th	Mock Tournament (Novices only)
Tues November 1st	6:00p – 7:00p – Info Meeting for parents
Sat November 5th	Downers Grove North Invitational (Novices compete; everyone attends)
Sat November 12th	Wheaton North Downers Grove South (only Novices will compete)
Sat November 19th	Thornton Turkey Tourney (only top 3 strings compete)
Mon November 21	5:00p – 9:00p– NVHS Open House (All levels perform)
Sat December 3rd	Neuqua Valley (all strings compete)
Sat December 10th	Naperville Central Glenbard East/South Comfy Classic
Sat January 14th	Wheaton Warrenville South Tiger Tourney TBA
Fri/Sat January 20-21	Downers Grove South (<i>Fri and Sat</i>) (Top two strings only) TBA
Sat January 28th	Metea Valley Pre-Post Season Tourney
Thurs February 2nd	2:45p – Regional Runthrough (All Team members)
Sat February 4th	Regional Tournament (Top string only)
Thurs February 9th	6:00p – Sectional Runthrough (All Team members; Family may attend)
Sat February 11th	Sectional Tournament (Top string only)
Fri/Sat February 17-18	IHSA State Championships (Peoria)

If you join Speech, we expect you to start making plans immediately with your parents so that you can make all contest dates required! Success in Speech is spelled . . .

C * O * M * M * I * T * M * E * N * T

NEUQUA VALLEY HIGH SCHOOL
FIELD TRIP HEALTH FORM

Location _____ **Date** _____

Student's Name _____ **Birth date** _____

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip Code** _____

Father's Name _____ **Work Phone** _____ **Cell Phone** _____
Pager _____

Mother's Name _____ **Work Phone** _____ **Cell Phone** _____
Pager _____

Identify another person to contact for Emergency calls in the event neither parent can be reached.

Name _____ **Phone #** _____ **Cell #** _____

If an emergency arises during this trip, I give consent in advance for any medical treatment or procedures deemed necessary for my son or daughter by the examining physician. Every effort will be made to reach parents in the event of serious illness or injury. I also give permission to my child to take prescribed and over the counter medication listed below.

Signature of Parent or Legal Guardian _____ **Date** _____

Do you have private insurance? Yes ___ No ___

Name and address of company: _____

Name and Address of Insurance Company _____ **Policy Number** _____

Insurance Company Phone Number _____

1. Does your child have special dietary or physical restrictions? Yes ___ No ___ If yes, explain _____
2. Does your child have allergies? Yes ___ No ___ If yes, explain _____
3. Does your child have asthma? Yes ___ No ___ Does your child use medication for asthma? Yes ___ No ___
4. Does your child have any health concerns at the present time? Yes ___ No ___ If yes, explain _____
5. Is your child under the care of a doctor for health concerns? Yes ___ No ___ If yes, explain _____
6. Will your child be taking prescribed medication on this trip? Yes ___ No ___ If yes, please list all medications _____

Medication must be sent in the bottle with the pharmaceutical label.
7. Will your child be taking over the counter medicine for colds, allergies, stomach problems, cramps, etc? Yes ___ No ___
If yes, please list _____

Please notify _____ in writing if there are any changes. This form will be carried by staff during the trip.