

Neuqua Valley Speech 22-23

Dear Parent/Guardian and Team Member,

Welcome (or Welcome back!) to the 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 several years, with multiple State Champions, multiple State Finalists, and multiple top ten finishes for the team. That may explain why more than 115 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 keep that going, team members must commit to long hours of practice at home, with their categories, and at competitions.

A typical week consists of a team meeting after school on Monday, practices with a Varsity team member, a Category Rehearsal with others in the 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 sample 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, which you can pay on PushCoin. 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 Wednesday, November 2nd from 7:00-8:30 p.m. in C202 (Main Building)**

If you ever have any questions/concerns, call me at 312-685-7027 or email me at Mpromptu@gmail.com. **If your child is sick on the day of a tournament, 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
Amanda De La O, Assistant Coach
Tegan McQuaid, Assistant Coach

Tentative Schedule of Events

What follows is a **TENTATIVE schedule** 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 as soon as they are determined. Items in **RED** are non-Saturday events.

- | | |
|-----------------------------------|--|
| Sat. Sep. 17 | 8:00a - 11:00a — Novice Boot Camp (Novices only) |
| Sat. Oct. 29 | Mock Tournament (Novices only) |
| Wed. Nov. 2 | 7:00p – 8:30p – Info Meeting for parents |
| Sat. Nov. 5 | York Invitational (Novices compete; everyone attends) |
| Sat Nov. 12 | Wheaton North
Downers Grove South (only Novices will compete) |
| Mon. Nov 14 | 5:00p – 9:00p– NVHS Open House (All levels perform) |
| Sat. Nov. 19 | Thornton Turkey Tourney (TENTATIVE) |
| Sat. Dec. 3 | Neuqua Valley (all strings compete) |
| Sat. Dec. 10 | Naperville Central (all strings compete) |
| Sat. Dec. 17 | TBA |
| Sat. Jan. 14 | Wheaton Warrenville South Tiger Tourney |
| Fri/Sat. Jan. 20-21 | Downers Grove South (<i>Fri and Sat</i>) (Top three strings only) |
| Sat. Jan. 28 | Metea Valley Tourney (all strings compete) |
| Thu. Feb. 2 | 2:45p – 6:00p Regional Runthrough (All Team members) |
| Sat. Feb. 4 | Regional Tournament @ Neuqua Valley (Top string only) |
| Thu. Feb. 9
may attend) | 6:00p – 9:00p Sectional Runthrough (All Team members; Family |
| Sat. Feb. 11 | Sectional Tournament @ TBA (Top string only) |
| Fri/Sat. Feb 17-18 | IHSA State Championships (Peoria) |

PLEASE BRING THIS TO THE FIRST TEAM MEETING ON MONDAY, SEP. 12th

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

NAME (Please Print!)

ID Number

(Parent/Guardian signature)

(Date)

- Health Form is attached
- Activity Fee has been paid (see below)

To pay the activity fee:

1. Log on to <http://www.pushcoin.com>
2. Select the web store
3. Click on the activity (2022-23 Neuqua Valley - Speech Team)
4. Add it to the wallet
5. Pay via credit card or e-check

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.