

# Neuqua Valley Speech 23-24

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 110 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.nvsspeech.com](http://www.nvsspeech.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 1st from 6:00-7:30 p.m. in C202 (Main Building).** We will also be holding a crash course after that for anyone interested in being a (paid!) judge during the season. More details on that to come.

If you ever have any questions/concerns, call me at 312-685-7027 or email me at [Mpromptu@gmail.com](mailto: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 McDonald, Assistant Coach  
Kevin Hill, Assistant Coach  
Emily Fritz, Assistant Coach  
Jen Arnett, 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.

<b>Sat. Oct. 28</b>	<b>Mock Tournament</b> (Novices only)
<b>Wed. Nov. 1</b>	<b>6:00p – 7:30p – Info Meeting for Novice parents</b> <b>7:30p – 9:00p – Judging Training for ANYONE</b>
<b>Sat. Nov. 4</b>	<b>York Invitational</b> (Novices compete; everyone attends)
<b>Sat Nov. 11</b>	<b>Wheaton North</b> (Varsity) <b>Downers Grove South</b> (Novices only)
<b>Mon. Nov 13</b>	<b>5:00p – 9:00p– NVHS Open House</b> (All levels perform)
<b>Sat. Nov. 18</b>	<b>Thornton Turkey Tourney</b> (TENTATIVE)
<b>Sat. Dec. 2</b>	<b>Neuqua Valley</b> (all strings compete)
<b>Sat. Dec. 9</b>	<b>Naperville Central</b> (all strings compete)
<b>Sat. Dec. 16</b>	<b>TBA</b>
<b>Sat. Jan. 13</b>	<b>Wheaton Warrenville South Tiger Tourney</b> (all strings compete)
<b>Fri/Sat. Jan. 19-20</b>	<b>Downers Grove South</b> (Top three strings only)
<b>Sat. Jan. 27</b>	<b>Metea Valley Tourney</b> (all strings compete)
<b>Thu. Feb. 1</b>	<b>2:45p – 6:00p Regional Runthrough</b> (All Team members)
<b>Sat. Feb. 3</b>	<b>Regional Tournament @ Neuqua Valley</b> (Top string only)
<b>Thu. Feb. 8</b> attend)	<b>6:00p – 9:00p Sectional Runthrough</b> (All Team members; Family may
<b>Sat. Feb. 10</b>	<b>Sectional Tournament @ TBA</b> (Top string only)
<b>Fri/Sat. Feb 16-17</b>	<b>IHSA State Championships (Peoria)</b>

**PLEASE BRING THIS TO THE FIRST  
FULL TEAM MEETING ON MONDAY,  
SEP. 18<sup>th</sup>**

*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 (2023-24 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**

<hr/> <b>Location</b>	<hr/> <b>Date</b>
<b>Student's Name</b> _____	<b>Birth date</b> _____
<b>Address</b> _____	<b>Home Phone</b> _____
<b>City</b> _____	<b>State</b> _____ <b>Zip Code</b> _____
<b>Father's Name</b> _____	<b>Work Phone</b> _____ <b>Cell Phone</b> _____
	<b>Pager</b> _____
<b>Mother's Name</b> _____	<b>Work Phone</b> _____ <b>Cell Phone</b> _____
	<b>Pager</b> _____

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.

<hr/> <b>Signature of Parent or Legal Guardian</b>	<hr/> <b>Date</b>
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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.**