

Neuqua Valley Speech 24-25

Dear Parent/Guardian and Team Member,

Welcome (or Welcome back!) to the State Champion™ 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 individual event State Champions, multiple State Finalists, and multiple top ten finishes for the team. That may explain why more than 135 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 starting next week. 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, October 30th 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 soon.

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 McDonald, Assistant Coach
Kevin Hill, Assistant Coach
Sophie Dominguez, Assistant Coach
Jen Arnett, Assistant Coach
Yashas Sardesai, Assistant Coach

Tentative Schedule of Tournaments

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. Oct. 26	Mock Tournament (Novices only)
Wed. Oct. 30	6:00p – 7:30p – Info Meeting for Novice parents 7:30p – 8:30p – Judging Training for ANYONE
Sat. Nov. 2	York Invitational (Novices compete; everyone attends)
Sat Nov. 9	Wheaton North (Varsity) Downers Grove South (only Novices will compete)
Sat Nov. 16	Thornton Turkey Tourney (TENTATIVE)
Mon. Nov 18	5:00p – 9:00p– NVHS Open House (All levels perform)
Sat. Dec. 7	Neuqua Valley (all strings compete)
Sat. Dec. 14	Naperville Central (all strings compete)
Sat. Dec. 21	TBA
Sat. Jan. 11	TBA
Sat. Jan. 18	Wheaton Warrenville South Tiger Tourney (all strings compete)
Fri/Sat. Jan. 24-25	Downers Grove South (Top three strings only)
Sat. Feb. 1	Metea Valley Tourney (all strings compete)
Thu. Feb. 6	2:45p – 6:00p Regional Runthrough (All Team members)
Sat. Feb. 8	Regional Tournament @ TBA (Top string only)
Thu. Feb. 13 attend)	6:00p – 9:00p Sectional Runthrough (All Team members; Family may
Sat. Feb. 15	Sectional Tournament @ TBA (Top string only)
Fri/Sat. Feb 20-22	IHSA State Championships (Peoria)

**PLEASE BRING THIS TO THE FIRST
FULL TEAM MEETING ON TUESDAY,
SEP. 10th**

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 (2024-25 Neuqua Valley - Speech Team)
4. Add it to the wallet
5. Pay via credit card or e-check

The PushCoin option may not be available until next week. Be patient, please!

**NEUQUA VALLEY HIGH SCHOOL
FIELD TRIP HEALTH FORM**

<hr/> Location	<hr/> 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.

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