



2024 First Tee—South Dakota

Pine Ridge Youth Clinic at Sand Ridge GC

About First Tee—South Dakota

First Tee—South Dakota improves the lives of young people by providing educational programs and learning environments that build character, instill life enhancing values, and promote healthy choices through the game of golf. First Tee Programming experience enables participants to learn valuable lessons about the importance of maintaining a positive attitude; how to make decisions by thinking about the possible consequences and how to define and set goals from the golf course to everyday life. Participants learn about themselves and others through a range of experiences



enhancing their golf skills as well as their fundamental values for life. As their opportunities on the golf course expand, so do the opportunities for their future. We are building game changers!

First Tee—South Dakota
2604 W. Russell St.
Sioux Falls, SD 57104
605-367-7092
Email: info@firstteesouthdakota.org
Website: www.firstteesouthdakota.org

First Tee provides tremendous opportunities for young people to achieve success both in golf and in life. You can learn more about the First Tee Experience at www.firsttee.org or at our chapter website www.firstteesouthdakota.org.

Additional information are available at www.firstteesouthdakota.org.



Sand Ridge Golf Course
402 W 3rd St
Rushville, NE 69360
308-327-2966

Building Game Changers



Registrations Due May 10, 2024

2024—Pine Ridge Youth Clinic

Youth Clinic Ages 7-18

When: Session 1—May 18
Session 2—May 28
Session 3—June 11
Session 4—June 25
Session 5—All four clinics

Time: 9:30 a.m.—12:00 p.m.
Where: Sand Ridge Golf Course
402 W 3rd St
Rushville, NE 69360
Cost: Free



Indicate on registration form your session preference(s)

Maximum capacity of 25 participants at each clinic

Class sizes are limited and are on a first-come, first serve basis at this time.

Registration Deadline May 10th

Health Information

Parent / Guardian Initials _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the First Tee Chapter representatives. I hereby give permission to the medical personnel selected by the First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Media Release

Parent / Guardian Initials _____

I hereby give the First Tee Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes. I, the parent/legal guardian of the above named youth, give approval for participation in the First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless the First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with the First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of the First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Emergency Contact: _____ Relationship: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Cell Phone (2): _____

Parent/Guardian Signature _____ Date _____ Please Print Name _____



FIRST TEE—SOUTH DAKOTA

2024 REGISTRATION FORM for Pine Ridge Youth Clinic



at Sand Ridge Golf Course—402 W 3rd St—Rushville, NE 69360

Youth Information

Name: _____ Gender: Male _____ Female: _____ Birthdate: ____/____/____ Grade Level : _____

Phone: _____ Ethnicity: (circle) Caucasian/White, African American/Black, Hispanic/Latino, Asian, Pacific Islander, Native American/Native Alaskan, Multi-Racial

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____ Parent/Guardian Email: _____

T-Shirt Size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___ XXL ___ 3XL ___ School Name _____

Does your Participant Need to Borrow Golf Clubs?: (circle) Yes/No

*If yes, circle if they are right or left handed. What is your participant's height? ___ ft ___ inches

please fill out health and media release above

Clinic Session: Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____ Session 5 _____

Cost: Free