

first tee **First Tee—South Dakota** south dakota

2025 Youth Golf Program at Brookings CC & Edgebrook 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 students will register and be placed in a program based on their age. The age groupings will be 4-6, 7-8, 9-10, 11-13, and 14+. Participants will continue to progress through the program based on their age. 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.

No young person will be turned away from the First Tee programs because of an inability to pay.

Volunteers are always needed—you don't need to play golf to be an effective role model or volunteer for our program.

Additional Information

First Tee—South Dakota Brookings

Participant Benefits

- * \$2 range tokens (limit 1 bucket per day) at Edgebrook GC
- * \$25 Summer Pass to the Rabbit Patch at Brookings CC (unlimited rounds on the Rabbit Patch for the 2024 season)

FIRST TEE—SOUTH DAKOTA PARTICIPANT ID

MUST BE SHOWN TO RECEIVE BENEFITS

Make-up Days are built into the program, if your participant misses a day, they will become caught up next class time, no additional days will be added to the program.

****All equipment is provided, but you may bring your own golf clubs.****

(If you bring your own set of golf clubs please individually label EACH club with name and phone #)

Financial assistance available

email us at info@firstteesouthdakota.org

Mail to: First Tee—South Dakota

2604 W Russell St—Sioux Falls—SD—57104

Additional registration forms are available online at www.firstteesouthdakota.org

First Tee—South Dakota

2604 W Russell St

Sioux Falls, SD 57104

Email: thefirstteebrookings@gmail.com

Website: www.firstteesouthdakota.org



BROOKINGS
COUNTRY CLUB

Brookings CC
2180 Clubhouse Dr
Brookings, SD 57006
605-693-4315



Edgebrook Golf Course
1415 22nd Ave S
Brookings, SD 57006
605-695-0911



Scan to register online!



Proudly
Sponsored By:



Mail To: First Tee—South Dakota ~ 2604 W Russell St ~ Sioux Falls, SD 57104

2025 Youth Golf Program at Brookings CC

Ages 7-17

When: Tuesdays and Thursdays— June 17, 19, 24, 26, July 1, 3, 8, 10, 15, 17, 22, 24 29, 31

Session times: 8:00-9:15 a.m., 9:15-10:30 a.m.

Where: Brookings Country Club

Cost: \$158

Class Size: Class sizes are limited and are on a first-come, first-serve basis. If your participant's age time session does not work with the age group times provided, please contact us at thefirstteebrookings@gmail.com.

Our programs will be organized by the following age groups:

Ages 7-8: Elementary School

Ages 9-10: Elementary/Middle School

Ages 11-13: Middle School

Ages 14+: Middle/High School

(*still enrolled in high school)

This will enable our coaches to ensure create meaningful and fun content aligned to each kids' developmental level. It will bring other benefits as well, from kids bringing friends into their classes to more teens staying with First Tee longer.

Health Information

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.

Parent / Guardian Initials _____

Media Release

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** _____

Parent / Guardian Initials _____



FIRST TEE—SOUTH DAKOTA at Brookings CC



2025 REGISTRATION FORM for Brookings CC Youth Program

At Brookings CC— 2180 Clubhouse Dr , Brookings, SD 57006

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 and note their height: _____

please fill out health and media release above

Session Time: 8:00-9:15 a.m. _____ 9:15-10:30 a.m. _____

Cost- \$158 Cash _____ **Check** _____

CC # _____ **Exp. Date** _____ **CVV** _____ **Signature** _____ **Date** _____

2025 Youth Golf Program at Edgebrook GC

Ages 7-12

When: Mondays and Wednesdays— June 16, 18, 23, 25, 30, July 2, 7, 9, 14, 16, 21, 23, 28, 30

When: Tuesdays and Thursdays— June 17, 19, 24, 26, July 1, 3, 8, 10, 15, 17, 22, 24, 29, 31

Session times: 8:00-9:15 a.m., 9:15-10:30 a.m., 10:30-11:45 a.m.

*Girls Program—8:00-9:15 a.m.

Ages 13-17

When: Mondays and Wednesdays— June 16, 18, 23, 25, 30, July 2, 7, 9, 14, 16, 21, 23, 28, 30

Session times: 8:00-9:15 a.m., 9:15-10:30 a.m., 10:30-11:45 a.m.

Where: Edgebrook GC

Cost: \$158

Class Size: Class sizes are limited and are on a first-come, first-serve basis. If your participant's age time session does not work with the age group times provided, please contact us at thefirstteebrookings@gmail.com.

Our programs will be organized by the following age groups:

Ages 7-8: Elementary School

Ages 9-10: Elementary/Middle School

Ages 11-13: Middle School

Ages 14+: Middle/High School

(*still enrolled in high school)

This will enable our coaches to ensure create meaningful and fun content aligned to each kids' developmental level. It will bring other benefits as well, from kids bringing friends into their classes to more teens staying with First Tee longer.

Health Information

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.

Parent / Guardian Initials _____

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Emergency Contact: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Cell Phone (2): _____

Parent/Guardian Signature _____ **Date** _____ **Please Print Name** _____

Parent / Guardian Initials _____



FIRST TEE—SOUTH DAKOTA at Edgebrook Golf Course

2025 REGISTRATION FORM for Edgebrook GC Youth Program

At Edgebrook Golf Course—1415 22nd Ave S, Brookings, SD 57006



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 and note their height: _____

please fill out health and media release above

Session Time: Monday and Wednesday: 8:00-9:15 a.m. _____ 9:15-10:30 a.m. _____ 10:30-11:45 a.m. _____ Girls: 8:00-9:15 _____

Tuesday and Thursday: 8:00-9:15 a.m. _____ 9:15-10:30 a.m. _____ 10:30-11:45 a.m. _____

Cost- \$158 Cash _____ Check _____

CC # _____ **Exp. Date** _____ **CVV** _____ **Signature** _____ **Date** _____



First Tee—South Dakota at Edgebrook Golf Course

2025 Little Duffers Program

Little Duffers Program Ages 4 to 6

When: June 9, 10, 11, 12

Time: 8:30–9:15 a.m., 9:30–10:15 a.m., 10:30–11:15 a.m.

Where: Edgebrook Golf Course

Cost: \$60 – Financial assistance available – email us at info@firstteesouthdakota.org.

Class sizes are limited and are on a first-come, first-serve basis. To help our program become more successful we do encourage parents to volunteer for at least one of the classes. If you would like to be a parent volunteer, please contact us at thefirstteebrookings@gmail.com or sign up below.

About First Tee—South Dakota Program

First Tee of 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.

What is Little Duffers?

The Little Duffers Program is for children ages 4 to 6. The Little Duffers Program will provide the juniors a fun and safe environment in which to learn the basics of golf.

Building Game Changers

This program is designed for beginner and intermediate golfers ages 4-6.

Clubs are available at no cost.

****No young person will be turned away from First Tee—South Dakota due to an inability to pay!*****

First Tee—South Dakota 2025 Little Duffers Program—Ages 4-6

At Edgebrook GC
1415 22nd Ave S, Brookings, SD 57006

Name: _____

Gender: Male _____ Female: _____ Birthdate: ___/___/___

Grade Level: _____ Phone: _____

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

Address: _____

City: _____ Zip: _____

Parent/Legal Guardian: _____

Parent/Guardian Email: _____

T-Shirt Size: Youth S _____ M _____ L _____ Adult S _____

School Name _____

Session Preference: Please rank 1, 2, or 3

(you will be in #1 choice unless contacted by our program)

Session 1: 8:30–9:15 _____ **Session 2:** 9:30–10:15 _____ **Session 3:** 10:30–11:15 _____

Date you would like to be a parent volunteer: _____ (optional)

Cost \$60 Cash _____ Check _____

CC # _____ **Exp. Date** _____ **CVV** _____

Signature _____ **Date** _____

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.

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Emergency Contact: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Cell Phone (2): _____

Parent/Guardian Signature _____

Date _____ Please Print Name _____

