O first tee 2025 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

First Tee—South Dakota 2604 W. Russell St. Sioux Falls, SD 57104 605-367-7092

Email: info@firstteesouthdakota.org Website: www.firstteesouthdakota.org 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 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

Markota Acres **Golf Course PO Box 703** Martin, SD 57551

Building Game Changers



Sponsored By:

SANF#RD





























2025—Pine Ridge Youth Clinic

Youth Clinic Ages 7-18

When: Session 1-June 6 @ SRGC Session 2-June 17@ SR GC Session 3-July 1 @ SRGC Session 4-July 14 @ MAGC

Session 5-July 29 @ MAGC

*May register for more than one

Time: 9:30 a.m.—12:00 p.m.

Where: Sand Ridge Golf Course (SRGC)

402 W 3rd St Rushville, NE 69360

Markota Acres Golf Course (MAGC) PO Box 703 Martin, SD57551

Cost: Free

Indicate on registration form your session preference(s)



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.

Maximum capacity of 20 participants at each clinic Class sizes are limited and are on a first-come, first serve basis at this time. Registration Deadline One Week Prior to Each Clinic

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: ____Cell Phone:___ Work Phone: ___ ____ Cell Phone (2):_____ Parent/Guardian Signature _____ Date _____ Please Print Name _____

SANDRIDGE Golf Course

FIRST TEE—SOUTH DAKOTA

2025 REGISTRATION FORM for Pine Ridge Youth Clinic



Markota Acres Golf Course

at Sand Ridge Golf Course—402 W 3rd St—Rushville, NE 69360 at Markota Acres Golf Course-PO Box 703 - Martin, SD 57551

Youth Information

Name:	Gender: Male Female: Bir	thdate:/	Grade Level :
Phone:	Ethnicity: (circle) <u>Caucasian/White, African American/Black, Hispanic/Latino, Asian, Pacific Islander,</u> Native American/Native Alaskan, Multi-Racial		
Address:	City:	State:	zip:
Parent/Legal Guardian: Parent/Guardian Email:			
T-Shirt Size: Youth SM_L_ Adult SM_L_XLXXL3XL 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