



2026 YOUTH GOLF PROGRAM

First Tee—South Dakota at Elmwood 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.

First Tee students will register and be placed in a program based on their age. The age groupings will be 5-7, 7-9, 10-11, 12-13, 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. We are building game changers!

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 at Elmwood Golf Course Participant Benefits

- * Participants can play Kuehn Park and East 9 at Elmwood GC Friday, Saturday, and Sunday after 5:00 PM for \$8.50.
- * \$1 range tokens may be purchased during the summer program at Elmwood GC, Prairie Green GC, and Kuehn Park GC.

**FIRST TEE—SOUTH DAKOTA PARTICIPANT ID
MUST BE SHOWN TO RECEIVE BENEFITS**

**** 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 Chantel at info@firstteesouthdakota.org

No refunds after May 25th

Mail to: First Tee—South Dakota

2600 West Russell St.—Sioux Falls—SD—57104

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

Online registration forms and additional information are available at www.firstteesouthdakota.org.

First Tee—South Dakota
2600 W. Russell St.
Sioux Falls, SD 57104
605-310-2931

Email: info@firstteesouthdakota.org

Website: www.firstteesouthdakota.org



Elmwood Golf Course
2604 West Russell
Sioux Falls, SD 57104
605-367-7092



Prairie Green Golf Course
600 East 69th St.
Sioux Falls, SD 57108
605-367-6076



Kuehn Park Golf Course
2900 Kuehn Park Rd.
Sioux Falls, SD 57106
605-362-2811



Scan to register online!



Proudly
Sponsored By:



Building Game Changers

2026—New and returning participants to First Tee—South Dakota

Ages 7-11

When: MONDAYS—June 1, 8, 15, 22, 29, July 6, 13, 20, 27
Sessions: 8:00-9:15 a.m. or 9:30-10:45 a.m. or
 11:00 a.m.-12:15 p.m. or 1:00-2:15 p.m.
When: TUESDAYS— June 2, 9, 16, 23, 30, July 7, 14, 21, 28
Sessions: 8:00-9:15 a.m. or 9:30-10:45 a.m.
Where: Elmwood Golf Course –2604 W. Russell St
Cost: \$177

Indicate on registration form your session preference.
 Participation is limited in each session!

Our programs will be organized by the following age groups:

Ages 7-9: Elementary School

Ages 10-11: Elementary/Middle School

This will enable our coaches to 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

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** _____

Group Request: If you wish to be grouped with another participant please indicate so on this application. Deadline to request is May 1st. However, all requests are subject to availability based on the level of each participant and is not a guarantee. Being a part of the First Tee is about meeting new people so we wish to limit the amount of requests per individual.

FIRST TEE—SOUTH DAKOTA AT ELMWOOD GOLF COURSE

2026 REGISTRATION FORM for Monday and Tuesday Youth Program



at Elmwood Golf Course 2604 W. Russell St—Sioux Falls—SD—57104

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

Session Preference: Rank 1,2,3, & 4 *you will be put in your first choice unless contacted by the First Tee*

MONDAY 8:00-9:15 ___ 9:30-10:45 ___ 11:00-12:15 ___ 1:00-2:15 ___ **TUESDAY** 8:00-9:15 ___ 9:30-10:45 ___

Cost: \$177 **Cash** ___ **Check** ___

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

Ages 12-13 Advanced

When: TUESDAYS– June 2, 9, 16, 23, 30, July 7, 14, 21, 28

Sessions: 9:30-10:45 a.m. or 11:00 a.m.-12:15 p.m.

Where: Elmwood Golf Course – 2604 W. Russell St.

Cost: \$183

Ages 14+ Advanced

When: WEDNESDAYS– June 3, 10, 17, 24, July 1, 8, 15, 22, 29

Sessions: 8:30-10:30 a.m.

Where: Kuehn Park Golf Course – 2900 Kuehn Park Rd.

Cost: \$186

Advanced: Those who have previously been in the First Tee Program for at least 3 years or play competitive golf

Our programs will be organized by the following age groups:

Ages 12-13: Middle School

Ages 14+: Middle/High School
(*still enrolled in high school)

This will enable our coaches to 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

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** _____

Group Request: If you wish to be grouped with another participant please indicate so on this application. Deadline to request is May 1st. However, all requests are subject to availability based on the level of each participant and is not a guarantee. Being a part of the First Tee is about meeting new people so we wish to limit the amount of requests per individual.

FIRST TEE—SOUTH DAKOTA AT ELMWOOD GC FOR 12-13 AND AT KUEHN PARK GC FOR 14+

2026 REGISTRATION FORM for Tuesday and Wednesday Youth Program



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

12-13 Advanced: (Tuesdays) 9:30-10:45 ___ 11:00-12:15 ___

14+ Advanced: (Wednesdays) 8:30-10:30 ___

Cost: \$183 ___ \$186 ___ Cash ___ Check ___

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

2026 Teen Program

2026—New and returning participants to First Tee—South Dakota

Ages 12-13 Beginner/Intermediate
When: Tuesdays—June 2, 9, 16, 23, 30, July 7, 14, 21, 28
Sessions: 9:30-10:45 a.m. or 11:00 a.m.-12:15 p.m.

Ages 14+ Beginner/Intermediate
When: TUESDAYS - June 2, 9, 16, 23, 30, July 7, 14, 21, 28
Sessions: 11:00 a.m.-12:15 p.m.
Where: Elmwood Golf Course – 2604 W. Russell St.
Cost: \$177
Class Size: Class sizes are very limited.

Our programs will be organized by the following age groups:

- Ages 12-13:** Middle School
- Ages 14+:** Middle/High School (*still enrolled in high school)

This will enable our coaches to 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.

<p>Health Information</p> <p>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.</p> <p>*****</p> <p>Media Release</p> <p>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.</p> <p>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.</p> <p>Emergency Contact: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Cell Phone (2): _____</p>	<p>Parent / Guardian Initials _____</p> <p>Parent / Guardian Initials _____</p>
<p>Parent/Guardian Signature _____ Date _____ Please Print Name _____</p>	

Group Request: If you wish to be grouped with another participant please indicate so on this application. Deadline to request is May 1st. However, all requests are subject to availability based on the level of each participant and is not a guarantee. Being a part of the First Tee is about meeting new people so we wish to limit the amount of requests per individual.

FIRST TEE—SOUTH DAKOTA AT ELMWOOD GOLF COURSE

2026 REGISTRATION FORM for Tuesday Youth Program

at Elmwood Golf Course 2604 W. Russell St—Sioux Falls—SD—57104



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

Session Time: **Ages 12-13:** 9:30-10:45 _____ 11:00-12:15 _____ **Ages 14+:** 11:00-12:15 _____

Cost: \$177 **Cash** _____ **Check** _____

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

2026 LPGA Girls Golf Program

2026 —New and returning participants
to First Tee—South Dakota

LPGA Girls Golf Program—Ages 7–17

When: Wednesdays—June 3, 10, 17, 24, July 1, 8, 15, 22, 29

Session time: 8:00–9:15 a.m. or 9:30–10:45 a.m. or
11:00 a.m.–12:15 p.m.

Where: Elmwood Golf Course – 2604 W. Russell St.

Cost: \$177

Class Size: Class sizes are very limited.

This class is sponsored by LPGA and USGA Girls Golf

Our programs will be organized by the
following age groups:

Ages 7–9: Elementary School

Ages 10–11: Elementary/Middle School

Ages 12–13: Middle School

Ages 14+: Middle/High School

(*still enrolled in high school)

This will enable our coaches to 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 _____

Group Request: If you wish to be grouped with another participant please indicate so on this application. Deadline to request is May 1st. However, all requests are subject to availability based on the level of each participant and is not a guarantee. Being a part of the First Tee is about meeting new people so we wish to limit the amount of requests per individual.



FIRST TEE—SOUTH DAKOTA AT ELMWOOD GOLF COURSE

2026 REGISTRATION FORM for LPGA Girls Golf Youth Program

at Elmwood Golf Course 2604 W. Russell St—Sioux Falls—SD—57104



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

Session Time: 8:00–9:15 ___ 9:30–10:45 ___ 11:00–12:15 ___

Cost: \$177 **Cash** ___ **Check** ___

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



First Tee—South Dakota at Elmwood Golf Course 2026 Little Duffers Program

2026 Little Duffers Program Ages 5 to 7*

When: Session 1—June 2, 4, 9, 11
Session 2—June 16, 18, 23, 25
Session 3—June 30, July 2, 7, 9
Session 4—July 14, 16, 21, 23
Session 5—July 28, 30, August 4, 6

Time: 1:00pm – 2:00pm

Where: Elmwood Golf Course - 2604 W. Russell St.

Cost: \$85 – Financial assistance available –
email Chantel at info@firstteesouthdakota.org

Indicate on registration form your session preference

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 605-310-2931 or sign up below.

*If you have a 4 year old and are interested in signing up him/her into the Little Duffer program, please call us at 605-310-2931 to get them signed up.

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 5 to 7. 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 5-7.

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
2026 Little Duffers Program—Ages 5 to 7
At Elmwood Golf Course
2604 W. Russell St., Sioux Falls, SD, 57104

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 1,2,3, 4 or 5
(you will be in #1 choice unless contacted by our program)

Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Session 5 _____

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

Cost: \$85 Cash _____ Check _____

CC # _____ Exp. Date _____ CVV _____

Signature _____ Date _____

Health Information

Parent / Guardian Initials _____

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Media Release

Parent / Guardian Initials _____

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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: _____

Work Phone: _____ Cell Phone: _____ Cell Phone 2: _____

Parent/Guardian Signature _____

Date _____ Please Print Name _____

