



Aiden J Martinez #26113

Last edited by Aiden J Martinez on Jan 14 at 6:47 PM



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\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$0.00		

Configure Edit

NAME	
First	Aiden J
Middle	—
Last	Martinez
Preferred	Aiden J
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Mar 26, 2009
Login	Aiden9602
Login Confirmed	—

CONTACT	
Phone	(505) 470-4590
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (505) 470-4590
Email	l_martinez10@icloud.com
Address	9009 Seaside Rd NW Albuquerque, NM 87121
County	—
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Linda A Martinez	Start year with ASPNM	2026
Emergency Contact Phone Number	5054704590	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	American Indian or Alaska Native
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	ASL Academy	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	64 inches
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Weight	110
		Type of Disability	Hearing impairment - partial Traumatic brain injury
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Hearing
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	None just hearing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	Likes to run
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	None
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	None
Non-sport Volunteer?	—	Need to limit activities?	None
What skills do you have that you would consider contributing	—	Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—