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Andrew Kealmer #26124

Last edited by Andrew Kealmer on Jan 16 at 4:25 PM

Messages Notes

3.5/5

Generosity Indicator

4/5	5/5	3/5	1/5
Affinity	Recency	Frequency	Monetary Value

All Time | Annual | Fiscal

$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	Andrew
Middle	–
Last	Kealmer
Preferred	Andrew
Prefix	–
Suffix	–
Salutation	–

ACCOUNT DETAILS

Type	–
Source	Online/Internet
Household	–
Employment	–
Gender	Female
Birthday	Sep 10, 1993
Login	feliciasanchez
Login Confirmed	–

GENERAL INFORMATION

SNOW BALL ASSIGNED SOLICITOR	–
2022 SNOW BALL SPECIAL NOTES:	–
2020 SNOW BALL SPECIAL NOTES:	–
Logo Pathway:	–
Preferred Contact Method	–
Preferred Contact Reason	–

MEMBERSHIP

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

CONTACT

Phone	(505) 484-8434
	–
	–
	– Fax
	+1 (505) 484-8434 SMS/MMS Number
Email	fritossanchez2025@gmail.com
	–
	–
Address	Copy Map
	577 El Llano Rd Espanola, NM 87532
	– County
Online	–

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?	—
Emergency Contact Name	Felicia Sanchez
Emergency Contact Phone Number	5054848434
Interested in summer program	—
Interested in winter program	—
Ski Area	—
Staff Only: waiver due date	—

VOLUNTEER

Volunteer Interests	—
How did you hear about ASPNM?	School/Teacher
Why would you like to be a part of the ASPNM?	—
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?	—
Have you ever taught Adaptive Sports of any kind?	—
Have you ever taught Skiing and/or Snow Boarding?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—
PSIA or AASI certification (or other professional Snowsport certification)	—
Summer Sports certifications, skills, and years experience?	—
Summer Sports equipment owned?	—
Other sport skills/experience?	—
Non-sport Volunteer?	—
What skills do you have that you would consider contributing	—
Athlete contact person relationship to Athlete	—
Start year with ASPNM	2026
Seasons with ASP	—
Annual Household Income	Prefer not to say
Ethnicity	Prefer not say
Race	Prefer not to say
Military Service	None
DD-214 #	NA
Are you considered a Wounded Warrior?	—
Date of Injury	—
Which Military Branch did you serve in (select all the apply)	—
Height	5'3
Weight	110
Type of Disability	Cerebral Palsy
Description of disability. Please include anything that you would like ASP to know that has not been addressed.	neurological disorder that affects the mus
What type of skiing/riding do you think you will be doing	Sit Down Skiing - Mono Ski
What functions are affected?	motor and speech
Current activities	He walks and play. He is not playing any s
Medications	No
Seizures	No
If yes, date of last seizure	—
Food or medication allergies	None
Need to limit activities?	He can participate as long as it is sitting s
Primary Care Physician name	—
Primary Care Physician phone	—
Health Insurance	—
Ability to sense cold	Yes
Comprehension	—