



Aria Scheer #25853

Last edited by Alex Grunstein on Nov 5 at 1:07 PM



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4/5
Generosity Indicator

All Time Annual Fiscal

\$114.53 Donations
0.00 Volunteer Hours
\$330.00 Event Registrations

1 Event Attendance
\$0.00 Memberships
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$444.53



Configure Edit

NAME	
First	Aria
Middle	—
Last	Scheer
Preferred	Aria
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	Female
Birthday	Feb 16, 2020
Login	Kscheer
Login Confirmed	—

CONTACT	
Phone	(505) 269-5887
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 269-5887
Email	kayguthr9@gmail.com
Address	7212 Calle Montana NE Albuquerque, NM 87113
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	Sid Scheer	Start year with ASPNM	2025
Emergency Contact Phone Number	3036537877	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	42"
		Weight	52lbs
		Type of Disability	Down Syndrome
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Down syndrome. Limited intelligible speech follow directions but has some oppositor defiance.
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Core strength and motor planning
		Current activities	scootering to the park, playing at the park, running, climbing gym
		Medications	Multivitamins
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Milk
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	RGDSN newsletter
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	—