



Ariana Loy #26116

Last edited by Ariana Loy on Jan 16 at 11:57 AM



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3.5/5
Generosity Indicator

4/5 Affinity 5/5 Recency 3/5 Frequency 1/5 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	Ariana
Middle	—
Last	Loy
Preferred	Ariana
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	Jan 6, 2005
Login	ArianaL
Login Confirmed	—

CONTACT	
Phone	(505) 450-1256
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	cassieautrey@gmail.com
Address	04 Phillips Dr LOS LUNAS, NM 87031
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	Declined

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	—

Texting ok at Phone 1?	—	Start year with ASPNM	2026
Emergency Contact Name	Cassie Ramirez	Seasons with ASP	—
Emergency Contact Phone Number	5054501256	Annual Household Income	Prefer not to say
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	Na
		Are you considered a Wounded Warrior?	—

VOLUNTEER		Date of Injury	—
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	School	Height	57
Why would you like to be a part of the ASPNM?	—	Weight	120
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?	—	Type of Disability	Developmental Disability Hearing impairment - total
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Development delayed deaf
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Hearing
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Track cornhole swimming bowling
Summer Sports certifications, skills, and years experience?	—	Medications	Vyvanse
Summer Sports equipment owned?	—	Seizures	Yes
Other sport skills/experience?	—	If yes, date of last seizure	Jan 1, 2016
Non-sport Volunteer?	—	Food or medication allergies	No
What skills do you have that you would consider contributing	—	Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—
		Hearing/Vision	Deaf