



Aryan Metkar #25317

Last edited by Camille Romero on Jun 18 at 12:22 PM



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Monetary Value

All Time	Annual	Fiscal
\$82.39 Donations	0.00 Volunteer Hours	\$2,490.00 Event Registrations
12 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$2,572.39		

Configure Edit

NAME	
First	Aryan
Middle	—
Last	Metkar
Preferred	Aryan
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Dec 26, 2011
Login	umeshmetkar Last logged in: Oct 27 at 12:46 PM
Login Confirmed	—

CONTACT	
Phone	(414) 614-0373
Home	—
Work	—
Fax	—
SMS/MMS Number	(414) 614-0373
Email	umesh.metkar@gmail.com
Address	12080 Irish Mist Rd NE Albuquerque, NM 87122
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	Athlete

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Umesh Metkar
Emergency Contact Name	Ashwini Metkar	Start year with ASPNM	2023
Emergency Contact Phone Number	4146140145	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	Asian
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	NA
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	5' 4"
		Weight	98lbs
		Type of Disability	Attention Deficit Disorder Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Autism and difficulty to follow directions
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	attention span, gross motor skills
		Current activities	Tennis,swimming, soccer
		Medications	Gaunfacnine
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	None
		Primary Care Physician name	Melissa Mason
		Primary Care Physician phone	5058839570
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Excellent

VOLUNTEER			
Volunteer Interests	—		
How did you hear about ASPNM?	Online		
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	—		