



**Ayla Wolff** #24917

Last edited by Camille Romero on Jun 18 at 12:42 PM



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**4/5**  
Generosity Indicator

4/5  
Affinity

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Recency

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Frequency

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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$930.00 Event Registrations
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$930.00</b>		

Configure Edit

NAME	
First	Ayla
Middle	—
Last	Wolff
Preferred	Ayla
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	Female
Birthday	May 4, 2016
Login	beg2krahl@yahoo.com Last logged in: Oct 27 at 10:49 PM
Login Confirmed	—

CONTACT	
Phone	(505) 310-5706
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 310-5706
Email	beg2krahl@yahoo.com

ADDRESS	
Address	1118 North Plata Cir Santa Fe, NM 87501
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	Jennifer Wolff (mom)
Emergency Contact Name	Jennifer Wolff	Start year with ASPNM	2023
Emergency Contact Phone Number	505-310-5706	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	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		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	3'5"
		Weight	34lbs
		Type of Disability	Down Syndrome Developmental Disability Hearing impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Congenital heart defect
		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?	Heart and lungs, may fatigue with lots of e
		Taught Adaptive Ski/Snowboard prior to ASPNM?	—
		Current activities	Walks, runs, clubs and plays on playground equipment. Jumps, swings in bars, swims
		Medications	Revatio, Losartan
		PSIA or AASI certification (or other professional Snowsport certification)	—
		Seizures	No
		If yes, date of last seizure	—
		Summer Sports certifications, skills, and years experience?	—
		Food or medication allergies	None
		Need to limit activities?	Only if she behaves fatigued, then she res
		Summer Sports equipment owned?	—
		Primary Care Physician name	Janet Kirk, Southwest Care
		Other sport skills/experience?	—
		Primary Care Physician phone	505-988-8869
		Non-sport Volunteer?	—
		Health Insurance	Yes
		What skills do you have that you would consider contributing	—
		Ability to sense cold	Yes