



**Brenna Ginther** #25025

Last edited by Alex Grunstein on Jun 18 at 3:21 PM



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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
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$0.00</b>		

Configure Edit

NAME	
First	Brenna
Middle	—
Last	Ginther
Preferred	Brenna
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	Mar 1, 2005
Login	BrennaGinther Last logged in: Dec 1 at 10:51 AM
Login Confirmed	—

CONTACT	
Phone	(505) 252-9734
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 252-9734
Email	lesginther@hotmail.com

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

Address	305 Cerro De Ortega Dr SE Rio Rancho, NM 87124
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?	Yes	Athlete contact person relationship to Athlete	Parent/Guardian
Emergency Contact Name	Les Ginther	Start year with ASPNM	2024
Emergency Contact Phone Number	505-252-9734	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 #	NA
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
<b>VOLUNTEER</b>		Which Military Branch did you serve in (select all the apply)	Not a Veteran
Volunteer Interests	—	Height	5' 2"
How did you hear about ASPNM?	CHS BOLT	Weight	165
Why would you like to be a part of the ASPNM?	—	Type of Disability	Autism
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?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Brenna has autism spectrum disorder with seizures
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Do not know
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	Communication, cognitive function
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	Bike riding, hippo therapy, adaptive kayaki
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	Lamotrogine, oxcarbazepine, sumatriptan needed
Summer Sports certifications, skills, and years experience?	—	Seizures	Yes
Summer Sports equipment owned?	—	If yes, date of last seizure	Nov 16, 2024
Other sport skills/experience?	—	Food or medication allergies	Red dye , gluten free diet by choice
Non-sport Volunteer?	—	Need to limit activities?	No
What skills do you have that you would consider contributing	—	Primary Care Physician name	Dr. Randolph
		Primary Care Physician phone	505-462-6000
		Health Insurance	Yes
		Ability to sense cold	Does not always express discomfort
		Comprehension	Lower