



Bryson St. Denis #25338

Last edited by Binh Wakeford on Jan 14 at 11:35 AM



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Recency

1/5
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1/5
Monetary Value

\$0.00 Donations	0.00 Volunteer Hours	\$330.00 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$330.00

Configure Edit

NAME	
First	Bryson
Middle	—
Last	St. Denis
Preferred	Bryson
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	Aug 15, 2014
Login	—
Login Confirmed	—

CONTACT	
Phone	(530) 957-8961
	(916) 616-9424
	—
	—
	Fax
	+1 (916) 616-9424
	SMS/MMS Number
Email	KENZIE_3@MSN.COM
	—
	—
Address	930 Camino Vista Rio Bernalillo, NM 87704
	—
	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	—
Texting ok at Phone 1?	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	Bryson St. Denis
Are you registering with ASPNM as a	Athlete

Emergency Contact Name	McKenzie St. Denis	Athlete contact person relationship to Athlete	Ryan St. Denis
Emergency Contact Phone Number	9166169424	Start year with ASPNM	2024
Interested in summer program	—	Seasons with ASP	—
Interested in winter program	—	Annual Household Income	90,000 or more
Ski Area	—	Ethnicity	Prefer not say
Staff Only: waiver due date	—	Race	White
VOLUNTEER		Military Service	None
		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	—	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
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?	—	Height	4'9"
Have you ever taught Adaptive Sports of any kind?	—	Weight	64
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Attention Deficit Disorder Autism
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Autism & ADHD
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Instructions are very literal. Need structure learn.
Summer Sports equipment owned?	—	Current activities	Soccer and chess club.
Other sport skills/experience?	—	Medications	Concerta
Non-sport Volunteer?	—	Seizures	No
What skills do you have that you would consider contributing to ASP? ie: adaptive	—	If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	Breaks if getting overwhelmed.
		Primary Care Physician name	Dr. Randolph
		Primary Care Physician phone	505 462 6000
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	High