



Daniel Genn #20885

Last edited by Daniel Genn on Oct 27, 2025 at 12:15 PM



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3/5 Generosity Indicator

\$0.00 Donations	0.00 Volunteer Hours	\$665.00 Event Registrations
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$665.00

Configure Edit

NAME	
First	Daniel
Middle	—
Last	Genn
Preferred	Daniel
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	Genn Household Household Name
Employment	—
Gender	—
Birthday	Sep 8, 1991
Login	MUSTANGAL Last logged in: Oct 27, 2025 at 12:10 PM
Login Confirmed	—

CONTACT	
Phone	(505) 278-4710
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	littletondeborah4@gmail.com
Address	11215 Coconino Rd Se Albuquerque, NM 87123
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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

Preferred Contact Reason	—	Start year with ASPNM	2019
Texting ok at Phone 1?	Yes	Seasons with ASP	2
Emergency Contact Name	Deborah Littleton	Annual Household Income	Less than 30,000
Emergency Contact Phone Number	5052888025	Ethnicity	Not Hispanic or Latino
Interested in summer program	—	Race	White
Interested in winter program	—	Military Service	None
Ski Area	—	DD-214 #	—
Staff Only: waiver due date	—	Are you considered a Wounded Warrior?	—
<b>VOLUNTEER</b>		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
Volunteer Interests	—	Height	5
How did you hear about ASPNM?	Scott Hubbard	Weight	157
Why would you like to be a part of the ASPNM?	—	Type of Disability	Attention Deficit Disorder Developmental Disability Spina Bifida Vision impairment - partial
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.	Daniel is paralyzed from waist down
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?	Daniel has no use of legs and also has a cognitive impairment
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	Wheelchair basketball hand cycling and swimming
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	Losartin oxybutin miralax multiple vitamin
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	Sulfa Latex
Non-sport Volunteer?	—	Need to limit activities?	No
		Primary Care Physician name	Antoinette Benton
		Primary Care Physician phone	272 1734
		Health Insurance	Yes
		Ability to sense cold	None waist down