



Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	Marci Tarvin
Preferred Contact Reason	—	Are you registering with ASPNM as a	Athlete
Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Mother
Emergency Contact Name	—	Start year with ASPNM	2025
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
<b>VOLUNTEER</b>		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	5'1"
Have you ever taught Adaptive Sports of any kind?	—	Weight	150
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Autism Down Syndrome
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.	Semi-verbal. Understands but takes time to understand her. Tired easily
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	—
Summer Sports equipment owned?	—	Current activities	Runner. She goes really fast.
Other sport skills/experience?	—	Medications	—
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—