



**Jason Griego** #24531

Last edited by System Auto Renew on Nov 29 at 3:02 AM



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Generosity Indicator

5/5 Affinity   4/5 Recency   5/5 Frequency   5/5 Monetary Value

All Time   Annual   Fiscal

\$79.87 Donations   0.00 Volunteer Hours   \$2,060.00 Event Registrations

13 Event Attendance   \$60.00 Memberships   \$0.00 Soft Credits

\$0.00 Store Purchases

**All Time Generosity Total \$2,199.87**

Configure   Edit

| NAME       |        |
|------------|--------|
| First      | Jason  |
| Middle     | —      |
| Last       | Griego |
| Preferred  | Jason  |
| Prefix     | —      |
| Suffix     | —      |
| Salutation | —      |

| MEMBERSHIP              |                        |
|-------------------------|------------------------|
| Account Current         | Inactive               |
| 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        | Jun 3, 1983                                      |
| Login           | Jasongriego<br>Last logged in: Oct 29 at 8:52 AM |
| Login Confirmed | —                                                |

| CONTACT        |                                                      |
|----------------|------------------------------------------------------|
| Phone          | (505) 280-9738                                       |
| Home           | —                                                    |
| Work           | —                                                    |
| Fax            | —                                                    |
| SMS/MMS Number | (505) 280-9738                                       |
| Email          | sdgriego544@comcast.net                              |
| Address        | 1712 Camino De La Sierra NE<br>Albuquerque, NM 87112 |
| County         | —                                                    |
| Online         | —                                                    |

| GENERAL INFORMATION           |                    |
|-------------------------------|--------------------|
| SNOW BALL ASSIGNED SOLICITOR  | —                  |
| 2022 SNOW BALL SPECIAL NOTES: | —                  |
| 2020 SNOW BALL SPECIAL NOTES: | —                  |
| Logo Pathway:                 | —                  |
| Preferred Contact Method      | Unknown            |
| Preferred Contact Reason      | All Correspondence |

| 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                                                                  | parents/guardians         |
| Emergency Contact Name         | Dianne Griego | Start year with ASPNM                                                                                           | 1996                      |
| Emergency Contact Phone Number | 505-280-9738  | Seasons with ASP                                                                                                | —                         |
| Interested in summer program   | Yes           | Annual Household Income                                                                                         | 45,000-89,999             |
| Interested in winter program   | Yes           | Ethnicity                                                                                                       | Hispanic or Latino        |
| Ski Area                       | Sandia Peak   | Race                                                                                                            | White                     |
| Staff Only: waiver due date    | —             | Military Service                                                                                                | None                      |
|                                |               | DD-214 #                                                                                                        | —                         |
|                                |               | 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                                                                                                          | 5'9"                      |
|                                |               | Weight                                                                                                          | 125                       |
|                                |               | Type of Disability                                                                                              | Autism                    |
|                                |               | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Autism                    |
|                                |               | What type of skiing/riding do you think you will be doing                                                       | Stand Up Skiing           |
|                                |               | What functions are affected?                                                                                    | Sensory                   |
|                                |               | Current activities                                                                                              | Running, Swimming, Biking |
|                                |               | Medications                                                                                                     | Lamotigene 150mg 2X day   |
|                                |               | Seizures                                                                                                        | Yes                       |
|                                |               | If yes, date of last seizure                                                                                    | Mar 12, 2020              |
|                                |               | Food or medication allergies                                                                                    | Haldol                    |
|                                |               | Need to limit activities?                                                                                       | No                        |
|                                |               | Primary Care Physician name                                                                                     | Dr. Casual                |
|                                |               | Primary Care Physician phone                                                                                    | 505-462-6400              |
|                                |               | Health Insurance                                                                                                | Yes                       |
|                                |               | Ability to sense cold                                                                                           | yes                       |
|                                |               | Comprehension                                                                                                   | good                      |

  

|                                                                                                                                                                                   |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>VOLUNTEER</b>                                                                                                                                                                  |                |
| Volunteer Interests                                                                                                                                                               | —              |
| How did you hear about ASPNM?                                                                                                                                                     | previous years |
| Why would you like to be a part of the ASPNM?                                                                                                                                     | —              |
| 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? | —              |
| Have you ever taught Adaptive Sports of any kind?                                                                                                                                 | —              |
| Have you ever taught Skiing and/or Snow Boarding?                                                                                                                                 | —              |
| Taught Adaptive Ski/Snowboard prior to ASPNM?                                                                                                                                     | —              |
| PSIA or AASI certification (or other professional Snowsport certification)                                                                                                        | —              |
| Summer Sports certifications, skills, and years experience?                                                                                                                       | —              |
| Summer Sports equipment owned?                                                                                                                                                    | —              |
| Other sport skills/experience?                                                                                                                                                    | —              |
| Non-sport Volunteer?                                                                                                                                                              | —              |
| What skills do you have that you would consider contributing                                                                                                                      | —              |