



Julian Arroyo Cano #25340
Last edited by on Oct 24 at 12:37 PM



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Generosity Indicator

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All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$630.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$630.00

Configure Edit

NAME	
First	Julian
Middle	—
Last	Arroyo Cano
Preferred	Julian
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	Nov 3, 2017
Login	JAarroyo Last logged in: Oct 27 at 10:35 AM
Login Confirmed	—

CONTACT	
Phone	(505) 603-2606
Home	—
Mobile	—
Fax	—
SMS/MMS Number	(505) 603-2606
Email	Niviacano29@me.com
Address	7201 Río Del Luna Santa Fe, NM 87507
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	—

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?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	César Arroyo	Start year with ASPNM	2018
Emergency Contact Phone Number	5059198778	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Less than 30,000
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER		Date of Injury	—
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	Jean Porter	Height	3.12
Why would you like to be a part of the ASPNM?	—	Weight	48
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?	—	Type of Disability	Autism
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Low tone muscles
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Body
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	PT therapy
Summer Sports certifications, skills, and years experience?	—	Medications	None
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	Gluten casein sugar dyes
What skills do you have that you would consider contributing	—	Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Good
		Comprehension	—