



Leilani Salazar #25414

Last edited by on Dec 10 at 10:52 AM



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Monetary Value

| All Time | Annual | Fiscal |
|--|-------------------------|--------------------------------|
| \$0.00 Donations | 0.00 Volunteer Hours | \$45.00 Event Registrations |
| 4 Event Attendance | \$0.00 Memberships | \$0.00 Soft Credits |
| \$0.00 Store Purchases | | |
| All Time Generosity Total \$45.00 | | |

Configure Edit

| NAME | |
|------------|---------|
| First | Leilani |
| Middle | — |
| Last | Salazar |
| Preferred | Leilani |
| 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 | Female |
| Birthday | Apr 11, 2010 |
| Login | liilblueeyes411 Last logged in: Dec 10 at 10:53 AM |
| Login Confirmed | — |

| CONTACT | |
|----------------|---|
| Phone | (505) 927-1253 |
| Home | — |
| Work | — |
| Fax | — |
| SMS/MMS Number | (505) 927-1253 |
| Email | leadsalazar@gmail.com |
| Address | 264 County Road 1 Española, NM 87532 |
| 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? | Yes | Athlete contact person relationship to Athlete | Lea Sanchez - Mom |
| Emergency Contact Name | Lea Sanchez | Start year with ASPNM | 2019 |
| Emergency Contact Phone Number | 5059271253 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | 90,000 or more |
| 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? | No |
| | | Date of Injury | — |
| | | Which Military Branch did you serve in (select all the apply) | Not a Veteran |
| | | Height | 4'6" |
| | | Weight | 75lbs |
| | | Type of Disability | Attention Deficit Disorder Autism Developmental Disability |
| | | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Mild intellectual disability, easily distracted, comprehension issues |
| | | Have you ever taught Adaptive Sports of any kind? | — |
| | | What type of skiing/riding do you think you will be doing | Stand Up Skiing |
| | | Have you ever taught Skiing and/or Snow Boarding? | — |
| | | What functions are affected? | No physical functions affected. |
| | | Taught Adaptive Ski/Snowboard prior to ASPNM? | — |
| | | Current activities | Swimming, bowling, walking short distance |
| | | Medications | Guanfacine, methylphenidate, fluoxetine, norethindrone |
| | | PSIA or AASI certification (or other professional Snowsport certification) | — |
| | | Seizures | No |
| | | If yes, date of last seizure | — |
| | | Summer Sports certifications, skills, and years experience? | — |
| | | Food or medication allergies | None |
| | | Need to limit activities? | No |
| | | Summer Sports equipment owned? | — |
| | | Primary Care Physician name | Ben Neal |
| | | Other sport skills/experience? | — |
| | | Primary Care Physician phone | 505-662-4234 |
| | | Non-sport Volunteer? | — |
| | | Health Insurance | Yes |
| | | What skills do you have that you would consider contributing | — |
| | | Ability to sense cold | Yes |