Matthew Forster #24832
Last edited by Alex Grunstein on Jun 18 at 3:12 PM

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Generosity Indicator

4/5 Affinity	4/5 Recency	3/5 Frequency	5/5 Monetary Value

👤 $36.02 Donations	🤲 0.00 Volunteer Hours	📅 $930.00 Event Registrations
☑️ 3 Event Attendance	💳 $0.00 Memberships	💸 $0.00 Soft Credits
🛒 $0.00 Store Purchases		

All Time | Annual | Fiscal

All Time Generosity Total $966.02

Configure | Edit

NAME

First	Matthew
Middle	—
Last	Forster
Preferred	Matthew
Prefix	—
Suffix	—
Salutation	—

ACCOUNT DETAILS

Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Aug 19, 2012
Login	3mforster Last logged in: Oct 27 at 10:19 AM
Login Confirmed ℹ️	—

GENERAL INFORMATION

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

MEMBERSHIP

Account Current Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

CONTACT

Phone	📞 (505) 573-9166
	🏠 —
	🏠 —
	🏠 — Fax
	📱 — SMS/MMS Number
Email	elizabeth.m.forster@gmail.com •••
	—
	—
Address	Copy Map
	📍 7712 Palo Duro Ave NE Albuquerque, NM 87110-2317
	— County
Online	—

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	Elizabeth Forster

Texting ok at Phone 1?	Yes
Emergency Contact Name	Elizabeth Forster
Emergency Contact Phone Number	5055739166
Interested in summer program	—
Interested in winter program	—
Ski Area	—
Staff Only: waiver due date	—

VOLUNTEER

Volunteer Interests	—
How did you hear about ASPNM?	Friend
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	—

Start year with ASPNM	2024
Seasons with ASP	—
Annual Household Income	Prefer not to say
Ethnicity	Not Hispanic or Latino
Race	White
Military Service	None
DD-214 #	—
Are you considered a Wounded Warrior?	—
Date of Injury	—
Which Military Branch did you serve in (select all the apply)	—
Height	4 ft 2.12 in
Weight	56.44 lb
Type of Disability	Attention Deficit Disorder Down Syndrome
Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Matthew has developmental delays, hyper joints, and low tone.
What type of skiing/riding do you think you will be doing	Stand Up Skiing
What functions are affected?	Auditory processing Self-regulation Endurance
Current activities	P.E. at school, swimming x2/ week, OT, PT speech on a horse
Medications	Levoxyl, famotidine, dextroamphetamine, cetrizine, psyllium fiber
Seizures	No
If yes, date of last seizure	—
Food or medication allergies	Allergy: Amoxicillin Food aversion: cheese
Need to limit activities?	Not at this time
Primary Care Physician name	Joel Berger
Primary Care Physician phone	(505) 298-2505
Health Insurance	Yes
Ability to sense cold	Yes but needs help doing body check ins
Comprehension	Equivalent of an 8 yo