



Michael Chaplya #24655

Last edited by Binh Wakeford on Dec 16 at 4:15 PM



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Generosity Indicator

All Time Annual Fiscal

\$0.00 Donations
0.00 Volunteer Hours
\$930.00 Event Registrations

8 Event Attendance
\$0.00 Memberships
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$930.00



Configure Edit

NAME	
First	Michael
Middle	—
Last	Chaplya
Preferred	Michael
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	May 19, 2015
Login	mchaplya Last logged in: Oct 27 at 12:06 PM
Login Confirmed	—

CONTACT	
Phone	(505) 918-1680
	(505) 321-3287
	—
	—
	Fax
	(505) 321-3287
	SMS/MMS Number

Email	chaplya@gmail.com
	chaplya@gmail.com
	—

Address	5730 Teakwood Trl NE Albuquerque, NM 87111
	—
	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)	Ninel Chaplya and Pavel Chaplya
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Mother
Emergency Contact Name	Ninel Chaplya	Start year with ASPNM	2016
Emergency Contact Phone Number	5059181680	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	5059181680
		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'
		Weight	46 lbs
		Type of Disability	Attention Deficit Disorder Cerebral Palsy Developmental Disability Hearing impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Jacobsen Syndrome
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	ADHD, hypotonic CP - low muscle tone
		Current activities	Ninja Gym, Adaptive Cycling, Adaptive clin
		Medications	ADHD medication
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		Primary Care Physician name	Jennifer Garcia
		Primary Care Physician phone	5053213287
		Health Insurance	Yes
		Ability to sense cold	Yes

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