



Michael Perez #19633

Last edited by Binh Wakeford on Feb 4 at 9:28 AM



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2.8/5
Generosity Indicator

All Time Annual Fiscal

\$150.00 Donations
0.00 Volunteer Hours
\$180.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$330.00



Configure Edit

NAME	
First	Michael
Middle	—
Last	Perez
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	Female
Birthday	Aug 9, 1967
Login	MP2001 Last logged in: Feb 3 at 7:10 PM
Login Confirmed	—

CONTACT	
Phone	(505) 610-2456
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	Biglobofan@yahoo.com

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

Address	
2040 Sydney Ln NW Albuquerque, NM 87107 United States of America	Copy Map
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	Athlete

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Andres Perez	Start year with ASPNM	—
Emergency Contact Phone Number	(505) 948-0555	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	Prefer not to say
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)	—
How did you hear about ASPNM?	—	Height	6'0
Why would you like to be a part of the ASPNM?	—	Weight	206
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	Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	paraplegic T11-12 injury; shoulder issues
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Sit Down Skiing - Mono Ski
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	—
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	aspirin
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	—
Non-sport Volunteer?	—	Need to limit activities?	—
What skills do you have that you would consider contributing	—	Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	Yes