



Naveah Rascon #26039

Last edited by Naveah Rascon on Dec 4 at 7:14 PM



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

Configure Edit

NAME	
First	Naveah
Middle	—
Last	Rascon
Preferred	Naveah
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Female
Birthday	Aug 19, 2019
Login	vanessaogarcia@yahoo.com
Login Confirmed	—

CONTACT	
Phone	(505) 492-6507
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 492-6507
Email	vanessaogarcia@yahoo.com
Address	5308 Mayhill Pl NE Rio Rancho, NM 87144
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	Vanessa Garcia	Start year with ASPNM	2025
Emergency Contact Phone Number	5054926507	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 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	5'0
		Weight	130
		Type of Disability	Developmental Disability
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Intellectual Disability
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Conceptual skills
		Current activities	None
		Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—

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