



Noah Reichert #21005

Last edited by Noah Reichert on Oct 8 at 10:08 PM



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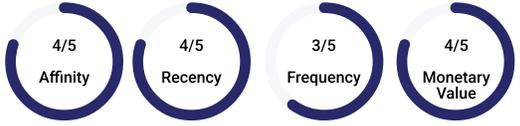
All Time Annual Fiscal

\$0.00 Donations
0.00 Volunteer Hours
\$232.50 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$232.50



Configure Edit

NAME	
First	Noah
Middle	—
Last	Reichert
Preferred	Noah
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	Jun 28, 2003
Login	krisdr Last logged in: Oct 27 at 10:23 AM
Login Confirmed	—

CONTACT	
Phone	(505) 771-1212
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	Kris.wellborn@yahoo.com
Address	1500 Nez Perce Loop NE Rio Rancho, NM 87144-1515
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	Declined

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	Kris Wellborn

Texting ok at Phone 1?	Yes	Start year with ASPNM	2019
Emergency Contact Name	Kris Wellborn	Seasons with ASP	2
Emergency Contact Phone Number	5053822525	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Cleveland High School	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	4 10
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?	—	Weight	126
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Down Syndrome
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Down Syndrome...sorta non-verbal
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Do not know
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	It takes longer to do things
Summer Sports certifications, skills, and years experience?	—	Current activities	plays
Summer Sports equipment owned?	—	Medications	none
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	gluten
		Need to limit activities?	no
		Primary Care Physician name	Philip Call
		Primary Care Physician phone	505-462-6000
		Health Insurance	Yes
		Ability to sense cold	not sure
		Comprehension	needs to be shown
		Hearing/Vision	glasses
		Verbal communication	limited