

Norma Iris Colon-Rivera #24736
Last edited by Norma Iris Colon-Rivera on Oct 27 at 5:21 PM

Messages Notes

All Time Annual Fiscal

\$102.62 Donations 0.00 Volunteer Hours \$50.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$152.62

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Configure Edit

NAME	
First	Norma Iris
Middle	—
Last	Colon-Rivera
Preferred	Norma
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	Veteran Company name
Gender	Female
Birthday	Jul 14, 1956
Login	nashmawee Last logged in: Oct 27 at 5:18 PM
Login Confirmed	—

CONTACT	
Phone	(346) 617-4562
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	Colonriveranormairis@gmail.com
Address	331 Pinon Creek Rd SE Albuquerque, NM 87123 United States of America
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

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

Preferred Contact Reason	—	Athlete contact person relationship to Athlete	NORMA ASHMAWEE
Texting ok at Phone 1?	—	Start year with ASPNM	2023
Emergency Contact Name	JAMES DITTY	Seasons with ASP	—
Emergency Contact Phone Number	281-622-6356	Annual Household Income	—
Interested in summer program	—	Ethnicity	Hispanic or Latino
Interested in winter program	—	Race	Prefer not to say
Ski Area	—	Military Service	Veteran
Staff Only: waiver due date	—	DD-214 #	584744707
		Are you considered a Wounded Warrior?	No
		Date of Injury	Dec 31, 1993
		Which Military Branch did you serve in (select all the apply)	Army
		Height	66"
		Weight	170
		Type of Disability	Developmental Disability Hearing impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	DOUBLE HIP REPLACEMENT, SEVERE STIFFNESS OF THE BACK AND NECK
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	BACK, NECK, AND LOWER EXTREMITIES
		Current activities	WALKING, CYCLING (RECUMBANT), TAI CHI, YOGA
		Medications	EMBREL 50 MG WEEKLY, LISINAPRIL 5MG DAILY, VENLAFAXINE 150 MG DAILY, BUPRENORPHINE PATCH 10 MCG/HR (PAIN PATCH WEEKLY)
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	TRAMADOL, EPINEPRINE, DEMEROL, NSAIDS
		Need to limit activities?	DEPENDING ON THE ACTIVITY
		Primary Care Physician name	DR. SPENCER
		Primary Care Physician phone	505-265-1711
		Health Insurance	—

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?	—