



Pranav Lamichhane #26092

Last edited by Pranav Lamichhane on Jan 2 at 9:47 AM



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\$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	Pranav
Middle	—
Last	Lamichhane
Preferred	Pranav
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	Male
Birthday	Jan 22, 2020
Login	pranav
Login Confirmed	—

CONTACT	
Phone	(806) 500-4624
Home	—
Work	—
Fax	—
SMS/MMS Number	(806) 500-4624
Email	panthiusha@gmail.com
Address	137 Mirador Blvd White Rock, NM 87547
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	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Kamal Lamichhane	Start year with ASPNM	2025
Emergency Contact Phone Number	806-317-9513	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	Asian
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	School	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	3'10"
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	42 lbs
		Type of Disability	Autism Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Nonverbal
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Do not know
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	Speech and communication
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	Jumping, bouncing, Running
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	NA
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	Jan 15, 2014
Other sport skills/experience?	—	Food or medication allergies	NA
Non-sport Volunteer?	—	Need to limit activities?	No
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, cries when he does
		Comprehension	—