



Cayden Sikkink #26121

Last edited by Cayden Sikkink on Jan 16 at 3:25 PM



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3.5/5
Generosity Indicator

4/5 Affinity 5/5 Recency 3/5 Frequency 1/5 Monetary Value

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	Cayden
Middle	—
Last	Sikkink
Preferred	Cayden
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	Oct 5, 2009
Login	crsikkink
Login Confirmed	—

CONTACT	
Phone	(505) 681-1584
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (505) 681-1584
Email	Scbachicha@gmail.com
Address	7119 Seminole Rd NE Albuquerque, NM 87110-2740
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	Sophia McClellan	Start year with ASPNM	2026
Emergency Contact Phone Number	505-681-1584	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	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	ASLA	Height	5' 6"
Why would you like to be a part of the ASPNM?	—	Weight	170 pounds
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	Down Syndrome
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Down syndrome
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Do not know
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Speech and muscle tone are primarily imp
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Pickle ball, basketball, running, cornhole
Summer Sports certifications, skills, and years experience?	—	Medications	Antibiotics for skin condition (will be done 1/25/2026)
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	None
What skills do you have that you would consider contributing	—	Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Good
		Comprehension	—