



**Erik C Wilcox** #17506

Last edited by Christine Baker on Jun 14 at 1:13 PM



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**4.2/5**  
Generosity Indicator

4/5  
Affinity

4/5  
Recency

4/5  
Frequency

5/5  
Monetary Value

\$69.84 Donations	0.00 Volunteer Hours	\$2,425.00 Event Registrations
9 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

**All Time Generosity Total \$2,494.84**

Configure Edit

NAME	
First	Erik
Middle	C
Last	Wilcox
Preferred	Erik
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	Sep 11, 2010
Login	jenniwilcox Last logged in: Oct 27 at 10:00 AM
Login Confirmed	—

CONTACT	
Phone	(505) 903-1566
	(505) 480-9347
	—
	—
	Fax
	—
	SMS/MMS Number

Email	jenni.wilcox@gmail.com	...
	Chris.wilcox@gmail.com	...
	—	

Address	Copy Map
	5624 Wingate Ave NW
	Albuquerque, NM 87120
	—
	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	Not Asked

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

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Parents
Emergency Contact Name	Jennifer Wilcox	Start year with ASPNM	2016
Emergency Contact Phone Number	5059031566	Seasons with ASP	1
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	No
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	—
How did you hear about ASPNM?	Jennifer Geier	Height	4'8"
Why would you like to be a part of the ASPNM?	—	Weight	100lbs
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	Autism
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.	He's autistic disorder. Is verbal and can ls directions. Enjoyed bc skiing last year with adaptive ski
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Some fine motor skills
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Swim, Lego club, running, video games
Summer Sports certifications, skills, and years experience?	—	Medications	Children's Claritin
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	Dr Julie Silverhart
		Primary Care Physician phone	5059031566
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Yes