

Otonabee Minor Hockey

Trainer’s Emergency Plan

|  |  |
| --- | --- |
| Date |   |
| Arena Name |   |
| Arena Address |   |
| Arena Phone # |   |
| Defribrillator Location |   |
| Trainer Name |   |
| Assistant/Call Person\* |   |
| Is there cell service in the building? | Yes No |
| If No, the land line is located: |   |

\* Opponents’ Team Trainer can be utilized as Assistant/Call Person