



Memphis

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~~~~~ **TRAINER'S SUPPLIES CHECKLIST** ~~~~~

| HAVE                     | NEED                     |                           | HAVE                     | NEED                     |                            | HAVE                     | NEED                     |                |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol                   | <input type="checkbox"/> | <input type="checkbox"/> | Skin Lube                  | <input type="checkbox"/> | <input type="checkbox"/> | PAIN RELIEVERS |
| <input type="checkbox"/> | <input type="checkbox"/> | Ammonia Capsules          | <input type="checkbox"/> | <input type="checkbox"/> | Splints                    | <input type="checkbox"/> | <input type="checkbox"/> | Asprin         |
| <input type="checkbox"/> | <input type="checkbox"/> | Analgesic Balm            | <input type="checkbox"/> | <input type="checkbox"/> | Sterile Gauze Pads, 3"x3"  | <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ointment                  | <input type="checkbox"/> | <input type="checkbox"/> | Sterile Gauze Pads, 4"x4"  | <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen      |
| <input type="checkbox"/> | <input type="checkbox"/> | Band Aids, 1" x 3"        | <input type="checkbox"/> | <input type="checkbox"/> | Tape, 1 1/2" Z.O.          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Band Aids, LG,2"x3"       | <input type="checkbox"/> | <input type="checkbox"/> | Tape, Elastic              | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Butterfly Closures        | <input type="checkbox"/> | <input type="checkbox"/> | Tape Adherent              | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Cinder Suds               | <input type="checkbox"/> | <input type="checkbox"/> | Tape Cutter                | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Cold Pack, Instant        | <input type="checkbox"/> | <input type="checkbox"/> | Tape Remover               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Cold Spray                | <input type="checkbox"/> | <input type="checkbox"/> | Tape Underwrap             | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Cotton tipped Applicators | <input type="checkbox"/> | <input type="checkbox"/> | Towels                     | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | De-Hesive Spray           | <input type="checkbox"/> | <input type="checkbox"/> | Tuff-Skin                  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Discide Towelettes        | <input type="checkbox"/> | <input type="checkbox"/> | Gloves, Latex              | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Elastic Wrap, 2"          | <input type="checkbox"/> | <input type="checkbox"/> | Heal & Lace Pads           | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Elastic Wrap, 4"          | <input type="checkbox"/> | <input type="checkbox"/> | Iodine Swabs               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Elastic Wrap, 6"          | <input type="checkbox"/> | <input type="checkbox"/> | Insect Swabs               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Black                 | <input type="checkbox"/> | <input type="checkbox"/> | Insect Spray               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Drops                 | <input type="checkbox"/> | <input type="checkbox"/> | Moleskin                   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Wash, Sterile         | <input type="checkbox"/> | <input type="checkbox"/> | Nitrotan                   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Firm Grip                 | <input type="checkbox"/> | <input type="checkbox"/> | Scissors                   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid Kit, Varsity    | <input type="checkbox"/> | <input type="checkbox"/> | BRACES & SUPPORTS          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid Kit, JV         | <input type="checkbox"/> | <input type="checkbox"/> | Ankle Brace                | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid Spray           | <input type="checkbox"/> | <input type="checkbox"/> | KNEE SUPPORTS              | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam Rubber Kit           | <input type="checkbox"/> | <input type="checkbox"/> | Knee Sleeve-Open Patella   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Foot Powder               | <input type="checkbox"/> | <input type="checkbox"/> | Knee Sleeve-Closed Patella | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Fung-O-Spray              | <input type="checkbox"/> | <input type="checkbox"/> | Neoprene Hinged            | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Gatorade                  | <input type="checkbox"/> | <input type="checkbox"/> | Neoprene Patellar Support  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

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