**HOBGOOD REFUSAL FOR TREATMENT FORM**

Contrary to the recommendation by Hobgood Park Baseball representative and Hobgood’s policy, I hereby refused the recommended treatment or emergency care for my son/daughter and hereby release Hobgood Park Baseball from any responsibility whatsoever for unfavorable complications or untoward results caused by my refusal to permit emergency care for my son/daughter.

 \_\_\_\_\_\_

Parent/Guardian Signature Date

 \_\_\_\_\_\_

Parent/Guardian Printed Name

 \_\_\_\_\_\_

Hobgood Representative Signature