



2015 JCC Maccabi Games and ArtsFest
Athlete/Artist Confirmation Kit for Ft. Lauderdale, Dallas, and Milwaukee

Athlete/Artist Name: Jake Bernstein Delegation/Host City: FORT LAUDERDALE / FORT LAUDERDALE

2015 Participant and Parent Agreement Signature Page for Ft. Lauderdale, Dallas, and Milwaukee

Athletes/Artists and Parents must initial beside each agreement that they have read and understand the information stated in these documents. Please print and sign your name and date on the bottom of the page where indicated.

Parent Athlete/Artist

- | | | | |
|---|-----------|----------------------|---|
| 1. I have read and understand the Athlete/Artist Code of Conduct & Participant's Agreement and Unconditional Release of Liability | Initials: | <u>CMB</u> <u>SB</u> | ← |
| 2. I have read and understand the Declaration of Eligibility Agreement | Initials: | <u>CMB</u> <u>SB</u> | ← |
| 3. I have read and understand the Parental Permission & Unconditional Release of Liability Agreement | Initials: | <u>CMB</u> | ← |
| 4. I have read and understand the Emergency Authorization Agreement | Initials: | <u>CMB</u> | ← |

I have read, confirm and agree to abide by the codes established by the Games/ArtsFest and to be bound by them and to be bound by all the contents thereof and the agreements set forth in all of the above listed documents.

Jake Bernstein
 Print Name of Athlete/Artist
Candice Bernstein
 Print Name of Parent/Guardian
MIRIAM MEREADO
 Print Name of Delegation Head

[Signature] _____
 Signature of Athlete/Artist Date
[Signature] 3-1-15
 Signature of Parent/Guardian Date
[Signature] 3/2/15
 Signature of Delegation Head Date

**** RETURN THIS FORM TO YOUR DELEGATION HEAD by: 3/2/15 ****

Date

- Athlete/Artist Signature Page (this page)
- Copy of Health Insurance Card/front and back (cannot participate without insurance) & Prescription Card if separate
- Copy of Birth Certificate or Passport for age verification
- Upload to registration site or send passport size photo to your Delegation Head
- Dance individual sport form (contact DH if applicable)

IN ADDITION:

- Participants **MUST** complete the on line registration at www.jccmaccabigames.org/registration or www.jccmaccabiartsfest.org/registration (select: "Athlete" or "Artist" as your registrant type).



BIN No.008878
Group No.PRS101

BERNSTEIN, JACOB

ID 8611067142

DOB 01/01/99

EFFECTIVE 08/01/14

PRIMARY DOCTOR

KAWEBLUM, YOSEF A. MD
BOCA DEL MAR PEDIATRICS & ADOLESCEN
8909 SW 18TH STREET SUITE 202A
BOCA RATON FL 33433

PHONE 561-347-8382

www.prestigehealthchoice.com

DD6830

ER: Call 911 or go to the nearest ER and contact your PCP the next business day.

Hospitals: All non-emergency admissions must have prior authorization; call 1-855-371-8074.

Non-Participating Providers: Non ER visits require prior authorization; call 1-855-371-8074.

Member Services: 1-855-355-9800

Member Services TTY/TDD: 1-855-358-5856

Dental: 1-877-495-6262

Vision: 1-855-355-9800

Behavioral Health: 1-888-642-7567

Pharmacy Services: 1-866-473-5254

Nurse Call Line: 1-855-398-5615

Provider Services: 1-800-617-5727

Submit electronic
claims to:
EMDEON
Payer ID 77003

Submit paper claims to: Prestige Health Choice, P.O. Box 7367, London, KY 40742

Main office: Prestige Health Choice, 9000 NW 15th Street, Unit 11, Miami, FL 33172

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFICATION OF BIRTH

NAME: JACOB NOAH ARCHIE BERNSTEIN
DATE OF BIRTH: 1/01/99 SEX: MALE
PLACE OF BIRTH: PALM BEACH COUNTY, FLORIDA
CERTIFICATE NUMBER: 109-99-005951
DATE FILED: 1/12/99 DATE ISSUED: 2/19/99
MOTHER'S MAIDEN NAME: CANDICE MICHELLE STOMP
FATHER'S NAME: ELIOT IVAN BERNSTEIN

This is to certify that this is a true abstract of the official record filed with this office.

By

Reenie Brown

State Registrar

WARNING:
3818496

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FLORIDA DEPARTMENT OF
HEALTH



