

# Protect Me With 3+ 2022-2023 Contest Application Form

## Middle School Poster Category



**NOTE: STUDENTS MAY SUBMIT INDIVIDUALLY, OR AS PART OF A CLASS PROJECT. TO QUALIFY, ALL FIELDS MUST BE COMPLETED. WE WILL USE THIS INFORMATION TO CONTACT YOU IF YOU ARE A FINALIST.**

Student's Name:	Vaccine Category:
Grade:	Age:
Teacher:	School:
Student's Cell Phone Number:	Student's Email Address:
Parent's Cell Phone Number:	Parent's Email Address:

### **COPPA DISCLOSURE TO PARENTS:**

The Children's Online Privacy Protection Act (COPPA) was passed to give parents increased control over what information is collected from their children online and how such information is used. The law applies to websites and services directed to children under the age of 13. [www.protectmewith3.com](http://www.protectmewith3.com) ("the Site") is provided by the Partnership for Maternal and Child Health of Northern New Jersey's ("Partnership") and the New Jersey Department of Health. The Site is committed to protecting the online privacy of the children who visit its website and to comply with COPPA. COPPA prohibits unfair or deceptive acts or practices in connection with the collection, use or disclosure of personally identifiable information from and about children on the Internet. The Site will not collect, use or disclose any information from students without first obtaining verified parental consent.

**Personal Information** – As part of the submission process, students will be asked to provide the following information: full name, grade, age, the student's teacher, home phone number, email addresses, photographs, movies, or videos developed by the student. The information collected through the Site will be used only for purposes relating to the immunization contest. Email information is collected only for students who participate in the contest in order to inform them of their winning status. In addition, the Site may ask for feedback via email to improve the campaign for the upcoming year. Email information is never sold, given or disclosed to third parties.

The Site may publicly display artwork, photographs, movies or videos of, or developed by the student. In addition, the Site may edit, use, and re-use these materials for only for purposes relating to the immunization contest purposes including use in print, on the internet, and all other forms of media.

During the voting process, the Site will collect information on domain names and IP addresses. This information allows us to record website traffic to improve navigation and content and prevent voters from voting multiple times during the voting process.

**Cookies** – The Site does not require the use of per-session cookies. Cookie information is never sold, given or disclosed to third parties.

If you have any COPPA-related inquiries, please contact the Partnership for Maternal and Child Health of Northern New Jersey at 50 Park Place, Suite 700, Newark, NJ 07010 or 973-268-2280. for more information. In addition, for more information, please see the Site's Privacy Policy at <http://protectmewith3.com/privacy/>.

At any time, a parent or legal guardian may contact us to review what information has been collected on their child, request that we delete any information that the Site has collected from their child, or refuse to permit further collection or use of their child's personal information. If you wish to review the information that has been collected, have your child's information deleted, or if you wish to refuse to permit further collection of your child's information, please contact Partnership for Maternal and Child Health of Northern New Jersey at 50 Park Place, Suite 700, Newark, NJ 07010 or 973-268-2280.

**I have read and understood the above disclosure and agree to its terms.**

**I hereby consent to my child's participation and display on the Site as set forth above.**

**I also grant to New Jersey Department of Health the right to edit, use, and reuse said materials for purposes related to the immunization contest.**

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I also hereby release the New Jersey Department of Health and the Partnership for Maternal and Child Health of Northern New Jersey and their employees, or agents working on their behalf, from all claims, demands, and liabilities whatsoever in connection with the above.

**THE FOLLOWING MUST BE SIGNED BY THE STUDENT AND PARENT:**

I have read and agree to all rules of the Protect Me With 3+ Contest and agree that my poster entry becomes the property of Protect Me With 3+ and its sponsors and may be displayed, published, donated or used in any way deemed appropriate to meet the goals of Protect Me With 3+.

**I certify that this poster is my original work as witnessed below by my parent.**

Student's Signature:	Date:
Parent/Guardian's Signature (if student is under 18):	Date: