2017 Get Smart Students’ Video Competition Guidelines

Dear teachers and students,

Please read the contest rules below carefully. Open to students in grades seven to 12 or equivalent, entries can be submitted by email. For more information, please visit our website at www.knowwhentosayno.org or https://www.cdc.gov/getsmart/.

The deadline for submission is Oct. 31, 2017, at 10 p.m., EST. If you have any questions, please contact us by email at: knowwhentosayno@pa.gov or by phone at 717-787-3350.

Get Smart Competition Contest Guidelines

1. Entries will be judged by the following level: Grade seven , eight , nine, and 10, 11,12 (This includes homeschooling students ages 12 through 18 at equivalent grade levels.)

2. Students can enter as an individual or a team of up to three members.
   o Students from different schools can collaborate as a team, but all members should be in the same age group.

3. Only one entry is allowed per person and/or team.

4. Judging criteria include:
   o Scientific accuracy
     ▪ Video based on factual information and scientific evidence from credible websites including CDC, WHO, and “Know When to Say No”
     ▪ If using information from the website, you need to cite the website using following format:
       ▪ Last, F. M. (year, month, date published). Article title. Retrieved from URL
       ▪ Centers for Disease Control and Prevention (2017, April 15). “What everyone should know.” Retrieved from https://www.cdc.gov/getsmart/community/about/should-know.html
   o Video quality
     ▪ Superior audio, video, lighting and/or editing
   o Overall presentation
     ▪ Video containing relevant, interesting and compelling information
   o Creativity
Most important -- to be creative!

5. Submission guidelines:
   - Video must be from two – four minutes in length.
   - Video resolution needs to be HDTV resolution, 1080p (1920x1080 pixels, 16:9 aspect ratio).
   - Video must be in one of the following formats.
     - AVI, WMB, MOV, or MP4 format (MP4 and MOV format preferred)
   - Example themes of the video include:
     - Knowing when NOT to use antibiotics;
       (Hint: See our website on common colds, for example.)
     - Importance of vaccines; or
     - Importance of proper hand washing.
   - Video must be an original work of the contestants.
   - Videos should not use copyrighted material without permission.

6. Submission process
   - Create a video, and upload your video on YouTube.
   - The title of the video should follow this format:
     - Team name_Video title
   - Set the video’s private setting to “unlisted.”
     - When you upload a video on YouTube, by default it is set as a public video, so change it into unlisted. “Unlisted” means that only people who know the link to the video can view it. **Any video that is released to the public or set as private will not be considered for the competition.**
   - Follow these steps to successfully upload your video onto YouTube:
     - Sign into your YouTube account;
     - Click the Upload button;
     - Select the video which you would like to upload;
     - Add a title (**Team name_Video title**) and description;
     - Select unlisted from the YouTube privacy drop down; and
     - Click Publish.
   - Fill out the **Entry/Release Form** and **Parents Consent Form**.
     - Each student participating in the contest must fill out both forms.
   - Submit the **forms** as well as the **YouTube link** by email at: knowwhentosayno@pa.gov.

7. Winners will be notified by telephone by Nov. 13, 2017. The top three entries in each group will be awarded a prize. **Award-winning videos will be published to a Get Smart Program YouTube channel** to be enjoyed by a broad audience.

8. Children of Department of Health employees cannot participate in this competition.
2017 Get Smart Students’ Video Competition
Entry/Release Form

Each student participating in the contest must fill out a form.

Full name: _______________________________________

Date of birth (MM/DD/YY): ____________________________

School: ____________________________________________  Grade level: ________

School address: ______________________________________

City: __________________________  State: ________  Zip code: ________

Competition category: □ Individual  /  □ Team (List your team name) _______________________

If this is a team submission, list all individuals that created the video________________________

____________________________________________________

Video title __________________________________________

Video’s YouTube link __________________________________

Brief Description of Video __________________________________

____________________________________________________

☐ By checking this box:

1. I acknowledge that I have read and understood the attached contest rules. I will comply with these contest rules.
2. I allow my first name, age, grade level and entry to be displayed on the program’s website (www.Knowwhentosayno.com) and to be used during the annual National Get Smart Week (Nov. 14-20). I also grant permission to release submitted materials for publication online and to be used in conjunction with social media platforms.

☐ After the competition, I would like to provide feedback to improve future competitions by receiving a survey to fill out. (Optional, but this would be appreciated!)

________________________________________  __________________________
Student’s Signature  Date

Privacy Statement: Any personal information provided while participating in this competition or feedback survey will be kept confidential and will not be used, sold or otherwise distributed to third parties.
2017 Get Smart Students’ Competition  
Parent Consent Form  

Each student participating in the contest must fill out a form.

Full name of parent or legal guardian: ________________________________

Child’s full name (contestant): ________________________________

Date of birth (MM/DD/YY): _______________________  Grade level: _________

Street address: _____________________________________________________

City: ________________________________ State: _____  Zip code: ______

Child is enrolled in a school  ☐ No    ☐ Yes  [Name of the school ________________________________]

☐ By checking this box:

1. The contestant has my consent and permission to enter and participate in the 2017 Get Smart Competition.
2. I acknowledge that I have read and understood the attached contest rules. The contestant and I will comply with these contest rules.
3. I allow the contestant’s first name, age, grade level and entry to be displayed on the program’s website (www.Knowwhentosayno.com) and to be used during the annual National Get Smart Week (Nov. 14-20).

☐ After the competition, I would like to provide feedback to improve future competitions by receiving a survey to fill out. (Optional, but this would be appreciated!)

Parent or legal guardian contact information

Street address: ________________________________

City, state, zip: ________________________________

Phone number: ________________________________

Email: ____________________________________

_________________________________________  __________________________
Signature of parent or legal guardian          Date signed

Privacy Statement: Any personal information provided while participating in this competition or feedback survey will be kept confidential and will not be used, sold or otherwise distributed to third parties.