POWER OF 9
CENTRAL AUSTRALIA CHALLENGE
EXPEDITION FORMS

Name:
These forms need to be completed or updated and returned to Mr Symons:

- Code of Behaviour
- Personal Information and Permissions
CENTRAL AUSTRALIA CHALLENGE

CODE OF BEHAVIOUR

In general you must respect the code of behaviour for Hutchins students, the Yipirinya School Community, the Camp communities of Alice Springs and any traditional Indigenous lands we may visit.

For the health, safety and enjoyment of myself, the team, other students and staff, I agree to:

- not possess drugs, tobacco, cigarettes or alcohol
- not possess martial arts equipment, laser pointers and any item that could be identified as a weapon
- maintain appropriate dress around Yipirinya and whilst in Central Australia, e.g. Not wearing any clothing promoting alcohol.
- follow the “Be silent after 10pm” rule, acknowledging and respecting the community.
- be on time, in the right place with the right clothing and equipment, especially a water bottle, for any part of a program
- care for my room and the campus by being energy efficient (turning off air con and lights when leaving a room); caring for furniture, equipment and gardens; taking out rubbish; leaving floors clear and checking rooms for tidiness
- notify the Hutchins staff or volunteers of illness, misbehaviour, loss of belongings, and problems with accommodation immediately
- stay with the group or my team at all times, especially in Alice Springs, Uluru or Kings Canyon, and not go off alone
- pay attention to and obey the instructions of all Hutchins personnel and Yipirinya staff and Indigenous elders
- demonstrate empathy and care for all members of the expedition
- conduct myself at all times within the rules and codes of The Hutchins School in all other situations not covered by these expectations

My Name: ___________________________________________

My Signature: _______________________________________

My Parent’s Signature: ________________________________

Date: _______ / _____ / 2012
**PERSONAL INFORMATION and PERMISSIONS**

<table>
<thead>
<tr>
<th>Boy’s Name</th>
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<tbody>
<tr>
<td>Emergency contact name</td>
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<tr>
<td>Emergency telephone contact</td>
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**Media Consent**
I give permission for my son to be interviewed, to have photographs taken and for this information to be published in whole or in part in hard or on-line copy by organisations associated with the School as part of this Challenge.

**Parent Signature required**

**Special medical needs**
Please specify if your son has special medical needs.

**Special dietary needs (Yes/No)**
Please specify if your son has special medical needs.

<table>
<thead>
<tr>
<th>Swimming Ability</th>
<th>Beginner</th>
<th>50-100m</th>
<th>100m+</th>
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<tbody>
<tr>
<td>Bike Riding Ability</td>
<td>No experience</td>
<td>Novice</td>
<td>Experienced</td>
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Please indicate your son’s swimming ability

Please indicate your son’s ability to ride a geared mountain bike

**PARENT EMAIL CONTACT FOR INFORMATION**
Please provide a parental email address to which all copies of information will be forwarded:

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