20 JULY 2025

THE ABSOLUTE YIN SEN RISK

POLICY THE ABSOLUTE YIN THE ABSOLUTE YIN STRICTLY PRIVATE & CONFIDENTIAL NAME.



Date: Assess	or: v Date:			
Activity				
	nt Details Name:			
•	Condition:			
	Level of Mobility: Support Required:			

Key Considerations

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Hazard Identification and Control Measures

Hazard	Potential Risks	Who is at Risk?	Control Measures	Risk Level After Controls
Entering and Exiting Dojo				
Moving Around the Mat				
Warm-up Exercises				



Throws or Falls		
Joint Locks/Submissions		
Fatigue During Class		
Sensory Overload		
Interactions with Other Students		



Assisted Techniques		

General Control Measures

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Monitoring and Review

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Sign-Off

Assessor Name:

Position:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

**DELETE IF NOT APPROPRIATE